

Renaissance Application

Please Print all information and **RETURN TO CFHS MAIN OFFICE**

CLASS _____

I give permission for my child, _____, to participate in Stafford County Public Schools' PTSO RENAISSANCE Program as described above for his/her high school career. I may withdraw my child from this program at any time by calling the Chairperson(s).

DATE

GRADE

TELEPHONE NO.

1ST PERIOD TEACHER

PARENT'S NAME (PRINTED)

PARENT'S SIGNATURE

Wanting to Volunteer Quarterly? _____

PARENT'S EMAIL ADDRESS