



St. Gregory the Great School
Apostolic Service Program
Box Tops & Labels Permission Slip
Grades 6 – 8

I allow my child, _____ (name), to attend the meeting on _____ (date) to earn service hours by counting Box Tops and Labels. My child is in Grade: _____ / Teacher: _____. If my child is not picked up by 5:00 PM from Ms. Floyd's Classroom, I understand that he / she will be taken to the After School Care Program.

If there are any questions, please e-mail Ms. Floyd at Julie.floyd@stgregorys.net or if the question(s) pertain directly to the labels program they can be directed to Mrs. Riley at SGSBoxTops@satx.rr.com. The schedule for counting labels can be found on the school website calendar.

Parent Signature: _____ Print Name: _____
Date: _____

One Permission Slip is required for each session. Submit prior to the meeting (to your Teacher) or bring with you to the meeting.



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