



# TRINITY CHRISTIAN ACADEMY

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Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

**I do give permission**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Print Name: \_\_\_\_\_

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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