

GreatHearts

Northern Oaks

2020-2021



Student Name: _____

Date: _____ (Valid for current school year only, unless rescinded)

I authorize the following grandparents to have lunch and volunteer on campus with my student during the days and times designated by the school for such visits:

This authorization is valid for all of my current Great Hearts Northern Oaks students:

Parent Name (Printed)

Parent Signature