***Partner Permission Slip for Science Symposium***

Dear Parents or Guardian:

Your children have decided to work as partners on their symposium project. They have agreed to accept the risks & benefits of working with (a) partner/s. They will divide the work fairly, meet the interim deadlines & be prepared with their contribution. We have discussed in class that there may be difficulties in partnering including: transportation to work on the project or learning that someone is not able to meet their commitment. Students are asked to work through these challenges if they should arise so that no one is left without a project. Remember that we all do better when we do better ourselves. Sign below if you agree to support their decision to partner on this important project.

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per\_\_\_\_\_ Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per\_\_\_\_\_ Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per\_\_\_\_\_ Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this completed slip to your science teacher by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. **Use one permission slip for a group.** If you have any questions please the teacher directly via E-mail. Thanks for supporting a successful symposium project.