

NIANAE OF CTUDENT

2024 FCCLA State Leadership Conference STAR Event Off Site Permission Slip Tuesday, April 9, 2024

Your student will be participating in a Wisconsin FCCLA STAR event off site from the Kalahari Resort and Conference Center, on Tuesday April 9th, 2024. A van or bus from the Kalahari Resort and Conference Center will be transporting students off site to either the Wisconsin Dells Middle School, Wisconsin Dells High School, or Baraboo High School.

NAME OF STUDENT:	(please print)	
I,(parent or guardian)	_, give permission for(student name)	to travel using
a van or bus provided for the FCC the following school:	CLA State Leadership Conference, to the identif	fied STAR Event located at
□ Baking and Pastry - Barab□ Culinary Skills Demonstra	oo High School ation: Baking- Wisconsin Dells Middle School or V	Visconsin Dells High School
As parent/guardian, I agree to th	e full responsibility of my student.	
Parent/Guardian Name:		
Parent/Guardian Signature:	(please print)	
Health Insurance Company Name Emergency Contact Name:	ormation: for Student: e:	
To Be Completed by the Adviser Chapter Name:Adviser Name:		
Adviser Contact Phone:		

This form will be transported with the student to their destination site on Tuesday, April 9th in case a parent/guardian and adviser needs to be contacted.