

OBOB Parent Permission Form

Please return this permission slip to the basket in the library by **Friday, October 3rd, 2025.**

Parent Mentor- Register the team online: <https://tinyurl.com/yeb2w8d5>

Otherwise, we will work to pair individuals or small groups together to form full teams.

Student's name: _____

Student's Teacher AND Grade: _____

Team Name (if known): _____

Team Members (if known): _____

I would like help finding a team (circle one): YES NO

Yes, I, _____ give my child permission to participate in the OBOB program at Willamette Primary for the 2025-2026 school year.

Parent Name: _____

Parent Email: _____

(please print neatly)

Parent Phone: _____

I am willing and able to be a Parent Mentor (circle one) YES NO

OBOB information
<https://www.willamettefso.org/obob>

