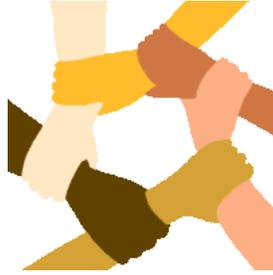


BLACK STUDENT UNION CLUB PERMISSION SLIP



Students Name: First _____ Last _____

Grade (circle one): 4th 5th 6th 7th 8th

Resource Teacher Name: _____

Student Email Address: _____@gdrh.org

Your scholar is interested in participating in Black Student Union (BSU)! Scholars in BSU will have the opportunity to engage in activities and discussions that foster students' voices, community service initiatives, relationship building, and leadership among students of color. This club is open to all students, regardless of racial or cultural differences.

BSU will meet every Tuesday of the month, from 4:00 PM to 5:00 PM in Science Lab 3 (Ms. Timolien's classroom). **The meeting dates are: 12/9, 12/16, 1/6, 1/13, 1/20, 1/27, 2/3, 2/10, 2/17, 2/24, 3/3.**

BSU students must have this permission form completed and returned to the office or Ms. Timolien.

Thank you!

Ms. Niasya Timolien
Lead Black Student Union Advisor

Parents Name Printed _____

Parents Signature _____ Date: _____

