

Huntsville High Theatre Production Permission Slip

Student Name: _____

Grade: _____ Teacher/Director: Ms. Phelps and/or Ms. Gandy

Production Title: Hetty Feather and/or The Tempest

School: Huntsville High School

Dear Parent/Guardian,

In accordance with the Parental Right to Know Act (Act #2024-35), you have been given the opportunity to review the script for the above-named production. By signing below, you acknowledge that this opportunity was made available to you and that you grant permission for your child to audition, rehearse, perform or otherwise participate in this production.

I acknowledge that I was given the opportunity to review the script for the upcoming theatre production, and I give permission for my child to participate fully in this production.

Student Name (Print): _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

If you have questions or concerns, please contact the director at:

Director Name: Meghan Phelps/Abigail Gandy

Email/Phone: meghan.phelps@hsv-k12.org/abigail.gandy@hsv-k12.org