

Holy Trinity Faith Formation

315 First Street

Westfield, NJ 07090

908-233-7455, mlizzo@parishmail.com, mangelo@parishmail.com

I give permission for my child, _____ to go home with _____ from Sunday Faith Formation class each week.

OR

I give permission for my child, _____ to go home with _____ from Sunday Faith Formation today, _____.
(date)

OR

My child, _____, has permission to walk home from the Holy Trinity Faith Formation program at 11:45 each week.

If there are any questions or concerns, I can be reached by phone at _____.

Parent Name: _____

Signature: _____ Date: _____