

Dear Parent(s),

Your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has been chosen to participate in the University Interscholastic League (UIL).

UIL Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UIL Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice will be held:

Day(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **YES, my child has permission to participate in UIL.** | | | | | | | |
| **Student Name** | | |  | | | | | |
| **Grade** | |  | **Teacher** |  | | | **Room** |  |
|  | | My child will walk home after practice. | | | | | | |
|  | | My child will be picked up after practice. | | | | | | |
| Parent/Guardian | | |  | | | | | |
| Home Number | | |  | | Cellular Number |  | | |

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_



Estimados Padre(s),

Su hijo/a, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a sido seleccionado para participar en el University Interscholastic League (UIL).

Equipo de UIL : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maestra de UIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Práctica serán:

Día(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tiempo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salón: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **SI, mi hijo/a tiene permiso para participar en sesiones de práctica de UIL.** | | | | | | | | |
| **Nombre de Estudiante** | | | |  | | | | | |
| **Grado** | |  | | **Maestra** |  | | | **Salón** |  |
|  | | Mi hijo/a va a caminar a casa después de práctica. | | | | | | | |
|  | | Mi hijo/a será levantando en la escuela después de practica. | | | | | | | |
| Padre/Guardián | | |  | | | | | | |
| Teléfono | | |  | | | Celular |  | | |

Firma de Padre/Guardián: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_\_\_\_