

# Florida Future Educators of America High School Program

## Parent/Guardian Membership Permission Form

Date: \_\_\_\_\_

PLEASE PRINT

I, \_\_\_\_\_, the parent/guardian of  
(print your name)

\_\_\_\_\_ give permission for him/her to participate in the  
(print student's name)

\_\_\_\_\_ Florida Educators of America High  
(name of chapter)

School chapter activity. I will arrange special transportation, if necessary. I support my child's interest in learning more about the teaching profession.

\_\_\_\_\_  
(signature of parent/guardian)