



Permission Slip

I give my permission for _____

to participate in L.O.V.E. Let Our Voices Educate A Youth Leadership Program FREE monthly virtual student leadership course presented by **The Kemba Smith Foundation** on the third Saturday of each month beginning Saturday, October 17, 2020 through Saturday, May 15, 2021 at 11:00 AM to 12:30 PM.

Signed _____ Date ____/____/____
(Parent / Guardian)

Parent/Guardian's phone number (cell phone) _____

Email this form to communications@kembasmithfoundation.org