This Form must be returned to the LCTC Guidance Office at least two days prior to the scheduled observation. Please call 573-346-9277 or email cwilmes@camdentonschools.org to set up an observation for your student.

**Parent Permission**
My child has permission to participate in the LCTC Program Observation activity.

**Parent/Guardian Signature**

**Date**

**Home High School Permission**
The student listed above has permission to participate in the LCTC Program Observation activity.

**High School Principal, Assistant Principal or Counselor Signature**

**Date**

**LCTC Permission** – Complete only if currently enrolled in a LCTC class in observing a different class. The student listed above has permission to participate in the LCTC Program Observation activity.

**LCTC Director, Assistant Director, or Counselor Signature**

**Date**

**LCTC Instructor Signature**

**Date**