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BOARD OF EDUCATION

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Robert N. Finster
Superintendent of Schools

George Merritt III
6-12 Principal/Athletic Director

Eric Luther
PreK-5 Principal/CSE Chairperson

Dear Parents:

School insurance does not cover glasses that are broken in school. Because of this, we ask that all children remove their glasses while playing or in physical education class. However, if it is necessary that your child wear his/her glasses while playing or in physical education, please sign the note below indicating that you will accept the responsibility if his/her glasses are broken.

Sincerely,

Robert Finster
Superintendent of Schools

I give my permission for _____ to wear his/her glasses while playing or while in Physical Education classes. I accept full responsibility for my child's glasses if they are broken.

Date

Parent's Signature

Teachers: Please return this permission slip to the Nurse's Office to be placed on file. Thank you.