DRE's Got Talent

raient Snow Sign-Up Sneet	
Student's Name:	_Grade:
Homeroom Teacher Name:	
Name of act:	
Parent's name:	
Parent's email/phone number:	
(If it is a group act, please indicate the nan	nes and grades of all the students that will be
involved.)	
1	
2	
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Please fill out and sign the following inforr	nation:
I give permission for my child,	, to participate in the "DRE's Got
Talent!" talent show, and understand that r	not all students auditioning will make it into the talent
show. We appreciate all our student's hard	work, and thank you for supporting their growth as
individuals and for supporting their passio	ns.