



Student Banking & Money Management Program Deer Park School District/Chase Bank

Student Name:

_____ Grade: _____

Classroom or Math Teacher:

Building: _____

I grant permission for my child, _____, to participate in the Deer Park School District's Student Banking & Money Management Program on Wednesday June 3rd, 2009 from 6:30-8:30pm at the Deer Park Chase Bank located at 615 Grand Blvd, Deer Park NY 11729.

I understand that my participation is required and I will accompany my child to this valuable program.

X _____

Parent/Guardian Signature

Parent/Guardian Name (Please Print)
Student

Relationship to