



www.shoes4theshoeless.org

A Dayton, faith-based, non-profit organization called Shoes 4 the Shoeless would like to provide your child with a new pair of gym shoes. Your child is eligible for this program *if their current shoes do not fit, or are worn out*. If you would like your child to receive a new pair of shoes and socks, please sign this permission slip and indicate if you wish for your child to receive a copy of the “New Testament”. Your signature gives permission for volunteers from the organization to measure your child’s feet and fit them with a new pair of shoes.

Please return this form by **Friday, April 12th**, if you would like for your child to participate in this program.

Student’s Name _____ Age _____

Grade _____ Teacher _____

S4TS will be at Eaton High School/Middle School on Tuesday, April 16th

Would you like the S4TS organization to provide your child with new shoes and socks?

___ **Yes**, I would like my child to receive new shoes and socks.

___ **No**, I do not want my child to receive new shoes and socks.

During this event, may photographs of your child be taken/used by S4TS organization?

___ **Yes**, photos of my child may be taken during this event and used by the S4TS organization.

___ **No**, I do not give permission for S4TS to take/use photos of my child.

Would you like the S4TS organization to include a copy of the “New Testament” with your child’s shoes and socks?

___ **Yes**, please include a copy of the “New Testament” with my child’s shoes and socks.

___ **No**, please do not include a copy of the “New Testament” with my child’s shoes and socks.

Parent/Guardian Name (printed)

Parent/Guardian Signature

***Please return completed form to main office**