

## Parental Permission for the Astronomy Project

It is ok with me for my son/daughter \_\_\_\_\_ to: *(choose one)*

\_\_\_ work with \_\_\_\_\_ on the Physics Astronomy Project.

\_\_\_ work by themselves on the Physics Astronomy Project.

I am aware that they will be using binoculars and/or a telescope to observe the night sky and that some of their observations will require them to spend extended time outside late at night and early in the morning. My son/daughter plans to do these observations at the following location:

I am comfortable with him/her being there and, if applicable, being with the student listed above.

Signed \_\_\_\_\_

Parent Phone Number \_\_\_\_\_