



Ascending to New Heights

... one student at a time.

AFJROTC TX-20017
713-896-3400, Ext. 003158

Participant Name/School I.D.:

I give permission for my child (named above) to receive the services from the Jersey Village High School Cosmetology Department which I have initialed below. I understand that the services will be supervised by the Cosmetology teachers and that senior students participating in the program will perform the services. **I understand this is a free service and no cost to my child.**

Haircut _____

Styling _____

Shampoo/Blow dry _____

Cosmetology Services are provided every 2nd and 4th Monday (3rd-6th Periods)

Signature of Parent or Legal Guardian

Printed name of Parent or Guardian

Date

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

Name(s)

Street Address

City State Zip

Phone Numbers Phone Type
(Home, Mobile, etc.)

Phone Numbers	Phone Type (Home, Mobile, etc.)

Parent(s)/Guardian(s) Email address(es)

Best Email address(es) to reach Parent(s)/ Guardian(s)