



## Permission Slip

I authorize my child, \_\_\_\_\_, to participate in the *Brad's Bookworms* reading program hosted by the office of Congressman Brad Schneider. I will encourage my child to complete the required 10 books by November 30, 2018.

*Please print clearly.*

\_\_\_\_\_  
Student's First Name

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

***Please return this form to Congressman Schneider's District Office by November 30, 2018.***

111 Barclay Blvd, Suite 200  
Lincolnshire, IL 60069

Fax: (847) 793-0677  
Email: [Alvaro.Melara@mail.house.gov](mailto:Alvaro.Melara@mail.house.gov)