



**Dr. Zakia Parrish, Principal**  
140 Legion Avenue  
New Haven, CT 06519  
475-220-5000

May 15, 2017

**A.H.E.A.D. Summer Program Parent Permission Form**  
(A High Expectation for Academic Development)

I hereby give permission for my son/daughter \_\_\_\_\_ to participate in the A.H.E.A.D. Summer Enrichment Program and all activities at Hill Regional Career High School from July 5<sup>th</sup> to July 27<sup>th</sup>, 2017.

I have carefully read, and signed the Permission form, and the Parent/student Survey, and I have had the opportunity to ask questions to address any concerns.

I have chosen:

- Session I**                      **July 5 to July 14, 2017 (Monday thru Friday)**
- Session II**                      **July 17 to July 27, 2017 (Monday thru Thursday)**

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return all forms to Ms. Vernetta Smith, Parent Liaison on or before June 2, **2017**.  
Please feel to call @475-220-5022 or email @ [vernetta.smith@new-haven.k12.ct.us](mailto:vernetta.smith@new-haven.k12.ct.us).