

Village of Lincolnwood

Mayor's Rescue Ranger Permission Form

PLEASE PRINT

Student Information

Last Name _____ Grade ____

First Name _____

Home Address _____

City _____ Zip _____

Email Address _____

High School Students Do you have access to a car? _____

Parent Information

Parent's Last Name _____

Father's Name _____ Mother's Name _____

Parent's Email Address _____

Father's Work Phone (Daytime) (____) _____

Mother's Work Phone (Daytime) (____) _____

Parental Permission: I grant permission for my child to participate in the Mayor's Rescue Ranger Program. I understand that this program is created to aid Lincolnwood residents who are unable to perform some of their living chores from time to time.

Signed _____ Print Name _____

Date _____

Return this form to Mayor Turry, 6900 N. Lincoln Ave. Lincolnwood, IL 60712 or to your school's principal **no later than December 1st**.