

**Please return this Administrator's Permission Slip to:**

Krista Winzer-Lee, Coordinator  
The Friendship Connection, Inc.  
P.O. Box 1444  
Hudson, OH 44236

**Or scan and email to: [FC.allforms@gmail.com](mailto:FC.allforms@gmail.com)**

The German exchange student(s) visiting our community as partners in The Friendship Connection, Inc. exchange program will be granted permission to attend our school and observe in the classrooms during their three week stay, between the dates of **March 19th - April 9th, 2024**.

**Administrator's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**High School's Name** \_\_\_\_\_

**School's address** \_\_\_\_\_

**Your 2024 Spring break dates:** \_\_\_\_\_