



**IDAHO NOVUS  
CLASSICAL ACADEMY**

VIRTUS • SCIENTIA • FELICITAS

**Dr. Vincent Kane**  
Principal  
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**Major Bruce Sims**  
Assistant Principal  
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P.O. Box 921  
Eagle, ID 83616

Date: \_\_\_\_\_

Students' Names:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I, \_\_\_\_\_, attest that I  
am the parent/legal guardian for the student(s) listed above.

My student(s) **does / does not** have permission to participate  
in \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

EMERGENCY CONTACT

Name: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_