

BUZZ CUTS FOR NOAH!

BUZZ CUT PERMISSION SLIP

I _____ give permission for my child
_____ to have their hair cut on
Monday, May 23, 2016, between the hours of 9:30am and
12:00pm, by a stylist from Hair Productions of Salisbury.

I understand that my child's hair will be cut in to a
traditional buzz cut by a professional stylist in support of
2nd grade student Noah Cross, and that the haircut will take
place here on campus at 10701 W. Huguenot Road,
Richmond, Virginia 23235.

**I UNDERSTAND THAT A BUZZ CUT IS DEFINED AS A HAIRCUT
WHERE ALL HAIR IS CUT VERY CLOSE TO THE SCALP.**

Child's Name: _____ Grade: _____

Parent's Signature: _____ Date: _____

Parent's Name (printed): _____

Home #: _____ Cell #: _____