

Haircut Form

As part of our efforts to ensure students meet the school's grooming standards, we are offering an optional haircut service provided by a fellow student who cuts hair as a side skill. Please note that the barber is not a licensed professional. By signing this permission slip, you acknowledge and agree to the following terms:

1. **Acknowledgment of Risk:** Saint Paul's School and the student barber are **not responsible for any mistakes or dissatisfaction** with the haircut.
2. **Parental Permission:** A signed permission slip and an **email from a parent/guardian to Coach Mick at mickn@stpauls.com** are required before the haircut can take place.
3. **Scheduling:** Haircuts will be scheduled **by appointment only** and will not interfere with class time.

If you agree to these terms and would like your son to receive a haircut at school, please complete the form below and ensure the required email is sent to Coach Mick.

Haircut Permission Slip

Student's Name: _____

Grade: _____

I, the undersigned parent/guardian, give my consent for my son to receive a haircut at Saint Paul's School by a student barber. I understand that the barber is not a licensed professional and accept full responsibility for any potential mishaps or dissatisfaction.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Email Address: _____

Parent/Guardian Phone Number: _____

Additional Notes (if any): _____

Please ensure this signed form is returned, and an email is sent to Coach Mick at **mickn@stpauls.com**. Thank you for your cooperation.

Saint Paul's School Administration