

GARRETT COUNTY PUBLIC SCHOOLS  
40 South Fourth Street  
Oakland, Maryland 21550

Date \_\_\_\_\_

Dear \_\_\_\_\_:

I request that \_\_\_\_\_ be granted permission  
Student's Full Name

to enroll in \_\_\_\_\_ at \_\_\_\_\_  
Name of Course Name of College

during the \_\_\_\_\_ semester, as provided by policy  
Fall, Spring, Summer

#345.32.

I shall be available for a conference with school personnel in regard to  
this request.

Sincerely yours,

\_\_\_\_\_  
(Parent or Guardian's Signature)

\_\_\_\_\_  
(Student's Signature)