

**Riverside Public Schools  
Young Authors Conference  
Consent Form**

Student name:  
(First) \_\_\_\_\_ (Last) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

My child has submitted a book that follows District 96 guidelines. I give consent for his/her name to be entered in the random drawing. By signing this consent form, I understand that if my child's name is selected, I will provide transportation to and from the conference at Illinois State University in Normal on Saturday May 21, 2011, for my child.

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Parent Signature

**Please Note: This form must be returned to your child's teacher by March 17, 2011 in order for your child's name to be entered in the drawing.**