



*New Beginnings Development Services, Inc.*

**Programs for Mommy to Be and Mommy & Me**

**Group Home for Pregnant Girls**

[www.newbeginningsva.com](http://www.newbeginningsva.com)

## Off-Campus Permission Slip

This Off-Campus Permission Slip is to be used for any activities you, the mentor plan to have with any resident off residential site. Please return one form for each activity to the President of NBDS, to be signed. This information will remain on file.

Activity in which you are involved:

\_\_\_\_\_

Date and Time of Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Purpose/Goal of this Activity:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will there be any other participants joining you on this activity? Y N If so please list:

Name	Age	Gender	Relation	Purpose of them joining

Will you be providing transportation? \_\_\_\_\_

Year and Model \_\_\_\_\_

License Plate No. \_\_\_\_\_

State \_\_\_\_\_

Time to be picked up: \_\_\_\_\_

Time to be dropped off: \_\_\_\_\_

Approved: Yes No

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

*(Mentor Signature)*

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

*(President Signature)*

**Beginning Right- Right from the start**

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