

Sligo Middle School
After School Activity Program
PARENTAL PERMISSION FORM

STUDENT ID NUMBER _____ GRADE _____ RETURNED BY: _____

STUDENT NAME: _____

PLEASE PRINT FIRST NAME

MIDDLE INITIAL

LAST NAME

ADDRESS: _____

SPECIAL NEEDS OR HEALTH CONCERNS? _____

PARENT NAME: _____ HOME TELEPHONE: _____ WORK TELEPHONE NO. _____

WILL YOUR CHILD TAKE THE ACTIVITY BUS HOME? YES _____ NO _____

Please note that students living in Sligo's "walking zone" are not permitted to ride the activity bus in the evening.

<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>

Parent comments:

I give my child permission to attend the After School Activity Program as written above. If there is any editing to this form, I will immediately notify the After School Activity Program office concerning the changes and/or updates.

PARENT SIGNATURE DATE

School Staff Comments:
