

ARBUTUS MIDDLE SCHOOL
SPRING 2024 AFTER-SCHOOL ACTIVITY SESSION PERMISSION SLIP

Student's Name _____ Grade/Section _____

Teacher/Advisor Sponsoring the Activity _____

Dear Parent/Guardian:

Your child has registered for and been accepted to participate in the afternoon Exploratory Activity entitled _____. The program will take place on _____ afternoons between 3:10 and 4:20 p.m. Parents are responsible for transporting their child home after the Activity Session at 4:20 p.m. The dates for the program are Tuesday, January 30 through Thursday, April 25, 2024. Please see the Activity Program for what day(s) your student's activity meets.

Please note that there are NO ACTIVITY BUSES running for this session.

This information must be returned prior to participation in any after-school activities.

➤Please check the appropriate statements below, sign and return this portion to school.

____My child will walk home.

____My child will be picked up from school by one of the following people:

Name	Relationship to Student	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

***I understand that my child must be picked up by 4:30 PM at the latest.**

Student Name _____ Activity _____

Parent/Guardian Name _____ Phone # _____

Parent/Guardian Signature _____ Date: _____