

ARBUTUS MIDDLE SCHOOL
SPRING 2020 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 3:00 and 4:15 p.m. Parents are responsible for transporting their child home after the Activity Session at 4:15 p.m. if they are not riding the activity bus (see other side). The dates for the program are:

- Tuesday Program: Jan. 21, 28, Feb. 11, 18, 25, Mar. 3, 10, 17, 24, 31, Apr. 14, & 21
 - Thursday Program: Jan. 23, 30, Feb. 6, 13, 20, 27, Mar. 5, 12, 19, 26, Apr. 2, 16, & 23
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<i>This information <u>must</u> be returned prior to participation in any after-school activities.</i>

➤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.

____ My child will ride the Activity Bus home (Tuesday or Thursday sessions ONLY).

My child should ride (choose one):

_____ Bus A and get off at stop # _____ (listed on back page).

_____ Bus B and get off at stop # _____ (listed on back page).

____ I would like to volunteer to assist with the _____ activity.

Student Name _____ Activity _____

Parent/Guardian Name _____ Phone # _____

Parent/Guardian Signature _____ Date: _____