

Film Club



PERMISSION FORM

Name of student: _____ Grade: _____

PERSON(S) TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

MEDICAL CONDITIONS:

HOW WILL YOUR CHILD RETURN HOME?

☐ I WILL PICK MY CHILD UP AT 4:00PM ON MEETING DAYS AT THE FRONT DOOR.

☐ MY CHILD WILL BE TAKING THE LATE BUS HOME. Late BUS: _____

☐ MY CHILD WILL WALK HOME FROM MEETINGS.

Signature of Parent/Guardian

Date

PLEASE RETURN THIS FORM TO MRS. NUÑEZ (ROOM 223) OR MISS SANSONE (ROOM 224)