

ARBUTUS MIDDLE SCHOOL
FALL 2009 AFTER-SCHOOL ACTIVITY SESSION PERMISSION SLIP

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| Student's Name _____ Grade/Section _____ Teacher/Advisor Sponsoring the Activity _____ |
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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 4:00 p.m. Parents are responsible for transporting their child home after the Activity Session at 4:00 p.m. if they are not riding the activity bus (see other side). The dates for the program are:

- Tuesday Program: 9/22, 9/29, 10/6, 10/13, 10/20, 10/27, 11/3, 11/10, 11/17, 11/24, 12/1, 12/8
- Wednesday Program: (No Activity Bus)
- Thursday Program: 9/24, 10/1, 10/8, 10/15, 10/22, 10/29, 11/5, 11/12, 11/19, 12/3, 12/10

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| <i>This information <u>must</u> be returned prior to participation in any after-school activities.</i> |
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➤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)
- ___I would like to volunteer to assist with the _____ activity.

Parent/Guardian Name _____ Phone # _____

Parent/Guardian Signature _____ Date: _____