

PERMISSION SLIP FILL OUT (1) PER ACTIVITY
BEFORE/AFTER SCHOOL ACTIVITIES
FALL SESSION

Activity Name: _____

Advisor's Name: _____

Date(s): _____ Time(s): _____

Room/Meeting Point: _____

I give permission for my child: _____

Grade _____ Room # _____ to participate in this activity.

For 4th-6th grade students: I understand there is no crossing guard on duty for before/after school activities. I _____ give permission for my child to walk to/from school.

For K-3rd grade students: K-3rd grade students are not allowed to walk to/from school alone for before/after school activities. Please initial one of the arrangements listed below:

___ I will drop off/pick up my child.

___ I have made arrangements with _____ to drop off/pick up my child (circle one.) This could be an adult or 4th-6th grade student participating in a before/after school activity.

I have read the Meridian Park Activity Guidelines and accept them. I understand that Meridian Park School will not be held responsible for any injuries that might be sustained during the activity.

Students must arrive no earlier than 8:10 for before school activities.

The Meridian Park Office closes at 4:00 PM. Students must be picked up on time from after school activities.

Parent/Guardian Signature

Date

Parent phone # home/cell _____ Work _____.

Student Signature

Date