



After School Clubs

(School Name)
**CLUBS/ACTIVITIES
TRANSPORTATION
PERMISSION/CHANGE FORM**

Date: _____

Student's Name: _____

Teacher: _____ Grade: _____

My Child Will Be Participating In:

(Name of Activity/Club)

I understand my child will be attending this program every:

Mon. _____ Tue. _____ Wed. _____ Thur. _____ Fri. _____

Beginning: _____ And Ending: _____
(Date) (Date)

I will be responsible for picking my child up on each of these days at:
____ P.M., or, after the activity, my child will attend after-school care: Y or N
(PLEASE NOTIFY AFTER-SCHOOL CARE OF THIS CHANGE)

Change requested by: (Please Print) _____

Signature: _____

Contact Phone #: _____ Email: _____