



ARROWHEAD BEFORE/AFTER SCHOOL PERMISSION SLIP

Student name _____ Grade _____

Parent name _____ Teacher _____

Daytime phone #: _____ Email: _____

_____ My child will be picked up by: _____

_____ CHAMPIONS - escorted by PTA member

_____ My child has my permission to walk home

I give permission for my child's name and/or photo to be published in PTA materials (newsletters, office in wall, website, etc.) Yes _____ No _____

I give permission for my child to participate in _____. (CLUB NAME)

Parent /Guardian Signature: _____ Date: _____