



# HILLSBOROUGH ACADEMY OF MATH & SCIENCE

## After School Activity Permission Slip

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

After School Activity: \_\_\_\_\_

Meeting Day and Time: \_\_\_\_\_

After School Activity: \_\_\_\_\_

Meeting Day and Time: \_\_\_\_\_

After School Activity: \_\_\_\_\_

Meeting Day and Time: \_\_\_\_\_

Parent's Name (Print): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I give permission for my daughter/son to participate after school hours in the activity listed above. I understand that all school rules and regulations apply and that failure to abide by these guidelines may result in further disciplinary action to include dismissal from the activity. By signing this form, I agree to not only the rules, but to also pick up my child on time. Failure to do so may lead to dismissal from the program.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_