



Princeton Middle School

217 Walnut Lane, Princeton, New Jersey 08540 t 609.806.4270

IDEAS CENTER CONSENT FOR CHILD TO WALK HOME

Name of Child: _____

I **give** consent

I **do not** give consent

I _____ give consent for Princeton Public Schools to

(Parent/Guardian Signature)

release my child at dismissal to walk home alone. I understand that Princeton Public Schools will not be liable for anything that happens to my child once he/she leaves the program at dismissal time.

The following individuals are permitted to pick up my child from the IDEAS Center:

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Signed: _____

(Parent/Guardian Signature)

Date: _____



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IDEAS Center Registration/Permission Form

Student name: _____ Grade: _____

Home address: _____

Parent/Guardian: _____

Phone (day): _____ alternate number: _____

Email: _____

Emergency contact: _____ phone: _____

Please sign this form and have your child return it to one of the IDEAS Center staff members.

I, _____ wish to allow _____ to participate in the Princeton Middle School IDEAS Center which meets after school, from 3.15 PM to 4.15 PM, Mondays through Thursdays, unless school is closed or ends early.