

**EMERSON MIDDLE SCHOOL**  
**AFTER SCHOOL PERMISSION SLIP**

\* Student Name \_\_\_\_\_

Has my permission to stay after school on Volleyball Season  
Day of Week/Date

From 3:00 to 5:00 for the following reason:  
Time Time

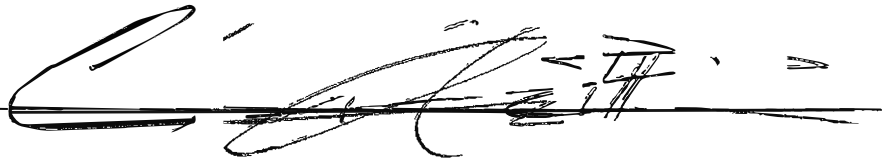
Volleyball games at Emerson

Location: Foods Room/ Cafe Supervising Teacher: Booth

If you have any questions or concerns, please contact me at school at 734-744-2665.

Thank you,

Teacher signature \_\_\_\_\_



*Please know that it is the responsibility of the parent/guardian to arrange for transportation. All students must leave the building within 15 minutes of the end of an activity.*

\* Indicate below how your child will return home: \_\_\_\_\_

Walk or ride bike

Transportation by car

\* Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_