



CROSS STITCH CLUB PERMISSION FORM

Parents/Legal Guardians:

Students will not be allowed to participate in a club without written completion of this form.

School Name: Aprende Middle School Club Leader: Miss Polay

Club Dates: 08/20/2024-05/20/2025 Club Days/Time: Tuesdays 7:15 am-8:15 am

The purpose of this club is: Cross Stitch Club is a yearlong club that will focus on the art of cross-stitch. Come and use your creativity and artistic abilities to create beautiful sewn works of art!

Other information: There are no fees and all students are welcome!

I **approve** of _____ participating in the _____
(name of student) (club/activity)

At Aprende Middle School

My student will: ride the activity bus (activity bus only offered on Tuesday and Thursday)

My student will: walk home or be dropped off at 7:15 AM

My signature below indicates I have read the information contained in this document.

Signature of Parent/Legal Guardian

Date