



Kyrene Middle School

ART Club Permission Slip

Student Name: _____

Club Name: Art Club

Club Meeting Date and Time:

Please note – Students must be in good standings. If scheduling conflicts arise, an announcement will be made canceling the club for the day and students will go home as they normally would. Furthermore, there is NO activity bus on Fridays.

Dates, Time, Location :

Thursdays 3:05-4:05 (8/8/2024-5/22/2025 except campus off days)

Art Room: J113

Transportation Home (If the Club meets after school):

Parent Pick-up

Walk

Bike

Other: _____

My child has permission to attend Clubs on the days indicated above. My child and I understand how they will be transported home (if needed) and will set up the appropriate accommodations prior. I understand that my child is expected to follow the guidelines and rules for Clubs as determined by the Club and the guidelines expressed in the Kyrene Family Handbook.

Emergency Phone Number: _____

Parent/Guardian Email: _____

Student Signature: _____

Parent Signature

Date

