

EMERSON MIDDLE SCHOOL
Gay/Straight Alliance (GSA) Club

Student Name: _____

Grade: _____

I (parent/guardian) _____ give my

Please Print

student permission to stay after school from **3:00 to 4:00** for GSA meetings.

Tentative dates are:

October 4 and 18	February 7 and 21
November 1 and 15	March 7 and 21
December 6 and 20	May 11 and 25
January 10 and 24	

My student will

- Walk**
- Ride bike**
- Be picked up** promptly at the end of the meeting

The best way to contact me after school is: _____

Parent/Guardian Signature: _____

***Please hand in signed permission slips to Mrs. Padron in Room 9.*