

Academic Competition Team

Permission Form



Dear Parent/Guardian,

Welcome to a new season of Academic Competition. I look forward to working with the team and your child on this pursuit of knowledge. The schedule of matches for the 2026-27 season is listed below.

<u>Date</u>	<u>Opponents</u>	<u>Location</u>	<u>Time</u>
10/20/26	WC Henderson, Octorara	Oxford	10:00 am
11/12/26	Bishop Shanahan, Downingtown East	Downingtown East	10:00 am
12/14/26	Kennett, Villa Maria	Oxford	10:00 am
1/7/27	Conestoga, Downingtown West	CCIU	10:00 am
2/22/27	Varsity Semi-Finals (select players)	CCIU	9:00 am
3/3/27	Junior Varsity Semi-Finals (select players)	CCIU	9:00 am

Of course, family and friends are always encouraged to attend matches and support the Oxford Area High School team. We look forward to seeing some of you at these matches.

Academic Team practices are scheduled for every Tuesday and Thursday from 2:30 pm until 3:30 pm in room 240. I ask that all team members attend at least one of these practice days each week to stay active members of the team.

If you have any questions, comments, suggestions, or concerns, please do not hesitate to contact me by email (swooddell@oxfordasd.org) or phone (610-932-6640 x2070). You can also find information at our website.

Please complete and return this form.

On the dates listed above and other optional dates TBD, your child will be participating in Academic Team Competition Matches or Quiz Bowl Tournaments. For each of the away matches listed above, we will be leaving school at approximately 8:00 am and returning to school at approximately 1:00 pm. Except for Semi-final matches, where our performance will determine our return time to school. For the day of each match, we will make arrangements to stop for lunch.

I hereby grant permission for my child to participate in Academic Competition Team. By my signature I am indicating that I understand that all school rules and policies are in effect during these off-campus experiences and that my child is expected to comply with these rules during these trips.

Student Name: _____ Grade: _____

Parent Signature: _____ Date: _____

Emergency Contact Number: _____ ☐ Home ☐ Work ☐ Mobile