

ST. MARTHA CATHOLIC SCHOOL 2016-2017 DRAMA PERMISSION SLIP



Open to students in Grades 4-8

Student Name:	int First and Last n	 ame	Nickname
Grade:	nomeroom r	eacher:	
Parents: Print First and Last name			
Email:			
lome Phone: Cell:			
Emergency Contact	:Name	Relationship	Phone Number
Birthday:			Thome Number
(Mo	nth, Day, Year)		
Special needs:			ich sponsor needs to be aware)
	_		ys from 2:15-3:30 p.m.
My child will be picked YES or NO	up <i>promptly</i> at 3:	30 p.m. in front of t	the Activity Center.
My child will attend the Before and After School program following the meeting. YES or NO			
PARENT SIGNATURE	:		

Please turn in permission form to the front office by September 23 with drama fee (\$25).