



ST. MARTHA CATHOLIC SCHOOL 2016-2017 YEARBOOK CLUB PERMISSION SLIP



Open to students in Grades 6-8

Student Name: _____
Print First and Last name Nickname

Grade: _____ Homeroom Teacher: _____

Parents: _____
Print First and Last name

Email: _____

Home Phone: _____ Cell: _____

Emergency Contact: _____
Name Relationship Contact No.

Birthday: _____
(Month, Day, Year)

Special needs: _____
(Food Allergies or miscellaneous of which sponsor needs to be aware)

My child has **permission to attend** Yearbook Club meetings on Wednesdays from **3:15-4:00 p.m.**
YES or NO

My child will be picked up **promptly** at **4 p.m.** in front of the **BASP Room by carline.**
YES or NO

My child will attend the **Before and After School program** following the meeting.
YES or NO

PARENT SIGNATURE: _____

**Please submit this permission form to the school office
before your child attends his or her first meeting.**