



## ST. MARTHA CATHOLIC SCHOOL 2017-2018 DRAMA PERMISSION SLIP



**Open to students in Grades 4-8**

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                      Phone Number

Birthday: \_\_\_\_\_  
(Month, Day, Year)

**Special needs:** \_\_\_\_\_  
*(Food Allergies or miscellaneous of which sponsor needs to be aware)*

My child has **permission to attend** Drama meetings on Fridays from **2:15-3:30 p.m.**  
**YES or NO**

My child will be picked up **promptly** at **3:30 p.m.** in front of the **Activity Center.**  
**YES or NO**

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).**