



# ST. MARTHA CATHOLIC SCHOOL 2016-2017 BETA CLUB MEETING PERMISSION SLIP



Student's Name: \_\_\_\_\_  
Print first and last name Nickname

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_  
Print first and last name

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ TX Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Contact No.

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

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

My child has **permission to attend** Beta Club meetings two Tuesdays each month in the Borski Activity room from **3:15-3:45 P.M.**

**YES or NO**

My child will be picked up **promptly** at **3:45 P.M.** in front of the BASP room in carline. I am aware that if I do not pick my child up by 3:45 P.M., he or she will be sent to BASP, and I will be charged the BASP fee.

**YES or NO**

My child will attend the **Before and After School program** following **the** meeting.

**YES or NO**

**PARENT SIGNATURE:** \_\_\_\_\_

**Date:** \_\_\_\_\_