



**CHILD PERMISSION FORM TO ATTEND EXTRA CURRICULAR SCHOOL ACTIVITY**

Site: \_\_\_\_\_

Child's Name: \_\_\_\_\_

School Activity Child Attending: \_\_\_\_\_

Child will attend in the **MORNING** OR **AFTERNOON?** (Please Circle)

***What time will your child be at the activity? Start Time \_\_\_\_\_ End Time \_\_\_\_\_***

***What Day or Days of the week will your child be attending activity? (Please Circle)***

**Monday Tuesday Wednesday Thursday Friday**

*Dates this will be effective and date it will discontinue:*

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

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

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

**FOR SITE/OFFICE USE:**

Received By: \_\_\_\_\_  
Site Staff Name or Office Staff Name

Date brought to BASCOL Office & copy made for site: \_\_\_\_\_

Copied By: \_\_\_\_\_  
Employee's Initials

Entered in Database By: \_\_\_\_\_  
Employee's Initials