

ACTIVITY PERMISSION FOR SACC ENROLLED STUDENTS

PARTICIPATION IN A NORTH ARLINGTON SCHOOL DISTRICT AFTER SCHOOL ACTIVITY

In order for students to participate in a district after school activity, this form must be filled out and returned to the SACC office. Please hand deliver completed form to the SACC office or send via email to: ntharsacc@yahoo.com

STUDENT INFORMATION // ALL FIELDS REQUIRED	
NAME OF CHILD	
PROGRAM NAME	
DATE(S) ATTENDING	
ELEMENTARY SCHOOL	
NAME OF CHILD	
PROGRAM NAME	
DATE(S) ATTENDING	
ELEMENTARY SCHOOL	

I hereby give permission for my child(ren) _____

to participate in the above scheduled activity. I understand that SACC *does not provide transportation back to the after-school site.*

PARENT SIGNATURE: _____ DATE: _____

PRINT PARENT NAME: _____

PLEASE NOTE // IF THIS FORM IS NOT RETURNED TO SACC, YOUR CHILD WILL NOT BE PERMITTED TO ATTEND THE ACTIVITY.