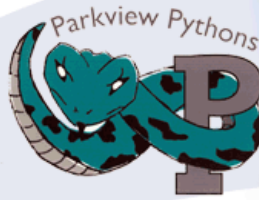


Parkview Elementary School



My son/daughter _____ (name of student) has permission to stay after school on Tuesdays to attend the choir rehearsals. I understand that my child must either ride the after-school activity bus home or be picked up at the school at 4:20. My afternoon contact phone number is _____.

My child will go home by: (please select one)

_____ Activity Bus

_____ Parent Pick-up/bike/walk

_____ Den Club

Parent Name (Printed)

Parent Signature

Student Name

Student's Home Room Teacher

Does your child have any medical needs I should be aware of?

Parent Name: _____

Home Phone: _____

Cell Phone Number: _____

Email: _____

Emergency Contact Information:

Name (Last, First): _____

Relationship to student: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone/ Pager: _____