

STUDENT NAME: _____

HR: _____

(Please PRINT)

GOOD SHEPHERD CATHOLIC SCHOOL
EXTRA-CURRICULAR ACTIVITY PERMISSION SLIP

I give my child permission to participate in the activity listed below.

I understand that my child needs to be picked up on time. The school policy states that, if after the second occurrence of being picked up late, my child will no longer be able to participate in the activity.

I understand that the activity is an extension of the school day and all school rules apply.

Activity: Basketball

Meets on : _____
Day(s) of week Time

Adult(s) in Charge: _____

Parent/Guardian Signature

Student's Signature _____

Date

Date

Phone contact during time of activity:

Name

Phone Number

Name

Phone Number

Name

Phone Number