

PERMISSION SLIP FOR STAYING AFTER SCHOOL

_____ is requested to stay after school for the following reason:
(Student's Name)

(TEACHER WILL CHECK APPROPRIATE SPACE)

HELPING _____

PRACTICE FOR ACTIVITY _____

MAKE-UP WORK _____

OTHER _____

TUTORING _____

on this day _____ from _____ to _____
(date) (time) (time)

SPONSOR'S SIGNATURE _____ DATE _____

He/she has my permission to walk home. _____ yes _____ no

I will pick up my child at _____ in FRONT of the school.
(time)

PARENT'S SIGNATURE _____ DATE _____

COMMENTS: _____

White = Office

Yellow = Activity Sponsor

Pink = Teacher