

EXTRA-CURRICULAR ACTIVITY PARENT PERMISSION SLIP

Coach/Sponsor Name: _____

Activity/Club/Sport: _____

Start Date: _____

End Date: _____

Parent: Please complete & return this form to the school office.

I, _____, give permission for my child

(Parent Name) (Student Name)

to participate in _____ (Sport/Club/Activity)

during the _____ school year.