



River Bend Middle School
After School Activity Permission Form
2018-2019

Student Name: _____ Grade: _____
(Please print name clearly)

My student has my permission to stay after school on date(s):

or the following weekdays (circle):

Monday

Wednesday*

Thursday*

to participate in the following activity:

(Name of activity – a different form must be completed for each activity.)

My child will be:

_____ riding the activity bus.* (Bus number: _____)

* There are no activity buses on Mondays.

_____ walking home.

_____ picked up by me at 4:18 p.m.

_____ riding home with: _____

**Please have your child return this slip to
the staff member sponsoring the activity.**

Parent Signature: _____ Date: _____

Phone number: _____ Email: _____