

# Wellington JHS After Hours Permission Slip

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\_\_\_\_\_ has permission to attend the after school program at Wellington Middle School on Tuesday\_\_\_\_\_, Thursday\_\_\_\_\_ or both days\_\_\_\_\_ from 3:00 - 5:00 pm.

I understand that if my student is riding the activity bus I will pick them up at the designated drop off on time.

My student will be riding the activity bus \_\_\_\_.

My student will be picked up at the school\_\_\_\_\_.

My student will be walking home \_\_\_\_\_.

Please provide names and phone numbers in case of an emergency.

\_\_\_\_\_  
\_\_\_\_\_

Are there any health concerns that we need to be aware of?

\_\_\_\_\_

Any questions or concerns please call the school at 488-6634.

I have read and understand the above:

Name\_\_\_\_\_ Date\_\_\_\_\_

*Parent or Guardian*

