

Fillmore Central After-School Program

Academic Assistance Permission Form

Student: _____ Grade: _____

Address: _____

NO Post Office Box Numbers Please

Please check mark which days your child will be attending. If you are unsure which time your child will be attending, please check ALL possible times that may apply



Days of the Week: Mon. Tues. Wed. Thurs. ALL

Time Attending: 3:30-4:30 Will ride the bus home: Yes No

Students must sign up to ride the bus home by 12:00p.m. each day they are staying for the after school program.

I give permission for my child to participate in the Fillmore After School Program the above day(s) and time(s). I have checked the appropriate areas above.

Parent / Guardian Signature and Date

Home # _____ Cell # _____ Emergency # _____

Parents please communicate your expectations regarding notification from your child as to when he/she will stay after school. We expect students have notified parents prior to the beginning of the school day when they plan to stay after school.