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| **Howard County Public School System** |

**PERMISSION SLIP FOR 8th Period**

**Patuxent Valley Middle School**

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| School’s Name:  | Patuxent Valley Middle School | Teacher’s Name(s): **Mrs. Thompson and Mrs. Chelidona** | Time: 2:30 pm to 4:00pm**Bus transportation is available.**  |

Activity Name and Location: Every other Tuesday in the cafeteria

Additional Information:  **Students are encouraged to bring a snack.**

Due Date: **Please return the completed form to Mrs. Thompson or Mrs. Chelidona on or before September 24th**

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| Name of Student: ***(Please Print)*** | Grade: | DOB: |
| Name of Parent/Guardian: ***(Please Print)*** |  |
| Parent/Guardian Physical Address: |  |
| Parent/Guardian contact numbers: (home): | (h): | (w): | (cell): |
| Alternative emergency contact name: |  |  Relationship to child: |
| Alternate emergency contact phone #’s: | (h): | (w): | (cell): |

**Medical Emergency**

In case of an emergency, PVMS will call 9-1-1 and your child will be transported to the nearest hospital. Staff at PVMS will notify you of the situation.

**Student Code of Conduct**

All school system policies and school rules are in effect for the duration of the trip. A student may lose the privilege of attending the activity/class if school rules are not followed.

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| Tuesday, January 21 |
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**Dates of Activity/Class:**

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| Tuesday, October 8 |
| Tuesday, October 22 |
| Tuesday, November 5 |
| Tuesday, November 19 |
| Tuesday, December 3 |
| Tuesday, December 17 |
| Tuesday, January 7 |

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| I am a: \_\_\_\_ walker \_\_\_\_\_\_ car rider \_\_\_\_\_ bus riderI grant permission for (print student’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I recognize that the Howard County Public School System cannot be held responsible for conditions beyond their control. Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |