

**HARTFORD SCHOOL  
AFTER SCHOOL CLUB PERMISSION FORM**



NAME OF CLUB: \_\_\_\_\_

ADVISOR: \_\_\_\_\_ ADVISOR EMAIL: \_\_\_\_\_

**PLEASE PRINT!**

CHILD'S FULL NAME: \_\_\_\_\_

HOMEROOM TEACHER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CURRENT MEDICAL/HEALTH CONCERNS: \_\_\_\_\_

\_\_\_\_\_

PARENT CELL#: \_\_\_\_\_ ALTERNATE PHONE#: \_\_\_\_\_

PARENT EMAIL ADDRESS: \_\_\_\_\_

DISMISSAL PLAN: (Please Circle):      EDC      RIDE BUS      PICK-UP

PICK-UP BY : \_\_\_\_\_  
(Name)

I give permission for my child to participate in the above-named club and have read all the information pertaining to this and all Hartford School Clubs.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_