



Reading-Fleming Intermediate School

PERMISSION FORM FOR EXTRA-CURRICULAR CLUBS And INTRAMURALS

Please complete one permission form for each child and each activity.



Student Name _____ Hmr. Teacher _____

Name of Activity _____ Advisor(s) _____

Session: Fall _____ Winter _____ Spring _____ Days/Meeting Times _____

This permission form must be accompanied by payment in the form of a check made payable to FRRSD. Enrollment is contingent upon receipt of the activity fee. In the event that a club is closed due to full enrollment or canceled due to low enrollment, your child will be notified and given the opportunity to enroll in another club.

Please note: Any excess funding from our before and after school activities will be used for a school-based, student focused project.

My signature indicates my child's permission to participate in the above after school activity. I understand and agree to provide transportation promptly at 4 p.m. **Students who are not picked up on time may be subject to dismissal from the activity without a refund.**

In the event that we have to cancel a club meeting **unexpectedly**, an announcement will be made during morning announcements and again in the afternoon. Students are strongly encouraged to call home to inform a parent of the change in schedule. Advisors will make every attempt to notify parents by e-mail as well. In addition, it occasionally becomes necessary to alter the regular meeting schedule due to unexpected circumstances. Students will be informed in writing of any such changes.

If your child is enrolled in the YMCA before or after care programs, you are responsible for notifying them in writing of the days and times that your child will be attending before or after school activities.

Please note: Students should be picked up at the Court Street circle. Please refer to Dr. DeMarco's letter on our website for details about our club dismissal and pick-up procedure.

Parent/Guardian: (Please Print) _____

Day Time Phone: _____ Cell Phone: _____

Emergency Contact Name _____ Phone Number _____

Parent/Guardian Signature: _____ Date _____

Parent E-mail Address: _____



For Office Use Only	Check Amount:	
	Check Number:	
	Date	