

After School Activities Permission Slip

Tabb Middle School 2021-2022

Student's Name: _____

Grade: _____

Contact Information

Parent/Guardian Name: _____ Best Contact Number: _____

Emergency Contact: _____ Best Contact Number: _____

Is there anything significant (allergies, special conditions, etc.) that the club sponsor should know about this student? *(Note: The school nurse is not available during after school activities.)*

Name of Afterschool Club or Activity: _____

*If this student is going to be involved in more than one club or activity, please list ALL.

*For a complete list of school clubs and activities offered, please visit the Clubs and Activities page on the TMS website.

Meeting Time: 2:50 - 3:50 PM

My student will (please check one):

_____ Be picked up at Tabb Middle School at 3:50 PM. I understand that if my child is not picked up on time on two occasions, they may not be able to stay after school for activities.

_____ Walk home (if usual transportation option).

_____ Participate virtually only (when virtual meetings are offered).

*Students without signed permission slips may not stay after school.

***Please return your signed permission slip to your club sponsor.**

Parent/Guardian Signature _____ Date _____