



AVOCA CENTRAL SCHOOL

PERMISSION FORM

AFTER-SCHOOL AT THE COMMONS

My child, named below, has my permission to take advantage of the After-School Program in The Commons. Below is my child's information.

NAME: _____

GRADE: _____ TEACHER: _____

MARK DAY(S) OF ATTENDANCE:

| | | | | |
|------------|-------------|------------|-------------|------------|
| MON: _____ | TUES: _____ | WED: _____ | THUR: _____ | FRI: _____ |
|------------|-------------|------------|-------------|------------|

TRANSPORTATION NEEDS

YES, MY CHILD IS A LATE BUS RIDER @ 5PM: _____

NO, MY CHILD IS A WALKER AND CAN LEAVE AT ANY TIME _____

NO, MY CHILD WILL NOT NEED THE LATE BUS. I WILL PICK THEM UP @ _____

MY CHILD HAS PERMISSION TO BE PICKED UP BY THE FOLLOWING PERSON/PEOPLE:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

**People picking up primary-aged students must make eye contact with Ms. May, or other supervising adult, when picking up their child.*

PARENT/GUARDIAN CONTACT INFORMATION

CONTACT #1

CONTACT #2

PHONE NUMBER: _____

PHONE NUMBER: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____