

**PARENTAL/GUARDIAN PERMISSION FORM TO ATTEND WJJMS BASKETBALL GAME
(A SEPARATE PERMISSION SLIP IS REQUIRED FOR EACH GAME)**

Student Name _____ Team: _____

Grade _____ Homeroom _____ Home telephone _____ Cell phone _____

Emergency Contacts **(You must list two emergency contacts with telephone numbers)**

1. _____

2. _____

My son/daughter has my permission to attend the basketball game at William J. Johnston Middle School.

Date of game attending: _____

**** If you are picking up your child prior to the end of the game, you must come into the school and let the Site Supervisor know.**

How will your child get home?

(I understand that I must pick up my child promptly at 5:00 pm or give him/her permission to walk home at the end of the game)

Please check one of the following:

_____ My child will leave WJJMS at the end of the school day and return for the game.

-OR-

_____ My child will remain at WJJMS until the game begins. Your child must report to the gym immediately after school and check in with the site supervisor. If your child will be staying with a teacher after school for extra help, the site supervisor must be notified by the teacher in advance.

Parent or Guardian: _____ Date _____
(Please sign)

-PLEASE TURN FORMS IN TO MRS. JESMONTH (SITE SUPERVISOR) THE MORNING OF THE GAME-