VOYAGER PUBLIC CHARTER SCHOOL

*"A Journey of Learning Never Ends"*

# *After-school activities Permission Form*

My child will be attending: _____

| | | | |
|---|---|---|---|
| **Sponsor** | | **Student's Name** | |
| **Location** | | | |
| **Cost** | | | |
| **Transportation** | Circle one: WALK PICK-UP | | |
| **Notes** | Activity Sponsor accepts full responsibility and liability for your child. All dress code policies and Voyager School rules apply to the after-school activity. | | |

Please return this permission slip to the front office by 10/9/14

I give permission for my child _____ in homeroom _____

to attend the activity _____ on _____

from _____ to _____

Enclosed is $ _____ (Make payable to the activity sponsor)

I acknowledge and understand that my child's activity sponsor accepts full responsibility and liability for my child and I release Voyager PCS from any liability stemming from this activity (initial here)_____

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

Website www.voyagerschool.com I E-mail voyagerinfo@voyagerpcs.com

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