

FREEDOM MIDDLE SCHOOL
2019-20
STUDENT ACTIVITIES PERMISSION FORM
INTRAMURALS

Student _____

Student ID# _____

Homeroom Teacher _____

Grade _____

Student activities will be held Mondays, Tuesdays, and Thursdays, 4:00 – 5:30 p.m., beginning mid-August – October and March – early May.

I, _____, being the parent or duly constituted guardian of _____, age _____ and a student at Freedom Middle School do consent to his/her participation in the Cherokee County approved Student/Activity Program.

- Students are not allowed to stay if they are in ISS on a scheduled student activity day.
- Students will be removed from the program for disciplinary issues.
- Pick-up time is 5:30. Late pick-up may result in student being denied participation.
- All students must have a consent form on file to be eligible to participate in the Student Activities Program.

List All Allergies _____

Signature Parent/Guardian

Date

Emergency Contact Names & Numbers
