

Bethpage Schools

21st Century Activity Permission Form

Teacher in Charge of Activity _____

Please return the permission slip and check, if required, in an envelope labeled with
Teacher's Name/ 21st Century/Activity Name

Activity: _____ Date of Activity: _____

Start Time: _____ End Time: _____

Cost (if any): \$ _____ Please make check payable to **Bethpage UFSD**

Dismissal Information: _____ Walker _____ will pick up my child.

Child Information

Child's Name: _____ Teacher: _____

Grade Level: _____ Building: _____

***Please note any allergies/special needs for your child below:**

***For activities during weekends and/or vacation days, parents must provide medication for their child, if necessary.**

Parent Information

I hereby give permission for my child to attend this 21st Century Activity.

Parent's Name: _____

Parent's Signature: _____

Date: _____

Mobile Number: _____ Home Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Phone Number: _____