TEAM 8-1 PERMISSION SLIPS

Dear Parent/Guardian,

In the attempt to simplify your lives, we are asking for your consideration in giving permission for your child to participate in a few activities that may occur throughout the school year. To prevent you from having to write them a permission slip each and every time, we have put together the following permission slip that covers staying after school, exposure to and consumption of food within the classroom, and viewing of movies. **Please read the selections below and check all that you wish to apply to your child.**

**Year-long Permission Slip to Stay After School**

_______ My child has permission to stay after school throughout the year. This note is valid for the following teachers on 8-1: Mrs. Amendola, Ms. Fiebelkorn, Mr. Karwacki, Ms. Jeral, Ms. Ferry, Mrs. Weaver, Mr. Gallagher, Mrs. Corum, Ms. Conboy, and Mr. Saunders. I understand that I will be responsible for transporting my child home or purchasing a late bus pass through the main office.

**Exposure to and consumption of food**

As a part of some classes and a reward in others, we will occasionally eat snacks. We may also be asking your child to bring in certain foods to share with the class.

_______ Yes, my child may participate in eating activities for class.
_______ No, I do not want my child to participate in eating events.
_______ My child has a food allergy and will bring his/her own snack and will eat only that snack brought in from home.

**Movies**

Throughout the course of this school year, there may come times when a feature film will either be used partially or in its entirety to add another dimension to your child’s learning experience. Films may be used to facilitate learning in each of the core subjects. These films will range from educational documentaries, G, PG, or PG-13 rated movies, and made-for-TV movies. At the bottom of this page are several choices in regard to parental/guardian permission for viewing these various types of films throughout the school year. Please select one of the choices found below.

_______ I give permission for my child to watch PG & PG-13 movies during the year.
_______ I **DO NOT** give permission for my child to watch PG or PG-13 movies shown.

**OTHER THOUGHTS:** ____________________________________________________________

Please contact me if you have any questions or would like more information. Thank you for your time.

Sincerely,
Mr. B. Saunders
8-1 Team Leader
bsaunders@medford.k12.nj.us or 609-654-7707 ext. 8218

____________________
Please Print Student First and Last Name

____________________
Parent/Guardian Signature 

__________
date