

High Hills Elementary School
 STEM Squared After School Program
PARENTAL PERMISSION FORM: Due October 26, 2018

Student: _____ **Grade:** _____
Homeroom Teacher: _____

I give permission for my child (named above) to participate in the STEM Squared after school Program. [Following meetings, your child must be picked up at 3:50 pm at the front entrance. Transportation is not provided from school.]

Club activities will include exploration in the fields of science, technology, engineering, and math.

Signature of Parent or Legal Guardian

Date

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

Phone Type
 (Home,
 Mobile,
 etc.)

Phone Numbers

| | | |
|----------------|-------|-----|
| Name(s) | | |
| Street Address | | |
| City | State | Zip |

 Parent(s)/Guardian(s) Email address(es)

 Best Email address(es) to reach Parent(s)/
 Guardian(s)