

**CONACKAMACK  
SCHOOL MURAL & SET DESIGN CLUB  
2018-19  
PERMISSION SLIP  
Advisor Mrs. Michalski**



This form signifies that my son/daughter \_\_\_\_\_  
has permission to join The School Mural Club for the 2018-19 school year. I understand that the club will meet on Mondays from 2:30– 4:00 PM. I understand that if my child does not take the Late Bus, I am responsible for my child’s transportation home at the end of the meeting.

Students are expected to follow all classroom procedures and safety guidelines during the Mural Club meeting times. Students are expected to respect the property of the school as well as the property of others.

Student behavior will be in accordance to school policy at all times. Any student who fails to comply with any of rules and procedures will not be allowed to participate in The School Mural Club meetings and activities.

If your child has asthma or any other respiratory condition that may be affected by using or being around semi-gloss latex paint please indicate so on this form. These students will be required to have an extra inhaler on their person during club meeting times since our school Nurse is not available after school hours.

Thank you for your help in this matter!  
Teresa Michalski

Parent / Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Day time phone/cell for emergency use

\_\_\_\_\_

STUDENT NAME/ GRADE

\_\_\_\_\_

(Please print)