



Little Rouge Public School

571 Country Glen Road

Markham, ON L6B 1E8

Tel. 905-202-5960 Fax. 905-202-5964

www.littlerouge.ps.yrdsb.edu.on.ca

LITTLE ROUGE P.S. ACTIVITY PERMISSION FORM

Dear Parents and Guardians:

Your son/daughter has demonstrated an interest in participating in the Junior/Intermediate (Grade 6 to Grade 8 students) boys and girls Floor Hockey Club being offered after school. This club will be under the supervision of the Little Rouge P.S. staff every Tuesday from 3:30 to 4:45 p.m. This activity will commence Tuesday, October 4th, 2016 to Tuesday, June 20th, 2017.

The purpose of this club is to provide non-competitive physical activity to students, in a positive, fun, and supervised environment. This activity will allow for students and staff to interact together, and for students to build on their leadership skills, while having fun, and getting to know one another.

The bottom portion of this letter must be signed with written consent and handed in by Monday, October 3rd, 2016, to Mr. Gafar for participation.

If you have any questions or concerns please feel free to contact Mr. Gafar at 905 202-5960, extension 123.

Sincerely,

Mr. Gafar
Grade 2 Teacher

Mr. Brown
Grade 6/7 Teacher

Ms. Dodds
Principal

Ms. Rhamey
Vice-Principal

Please fill in the following information to participate in the Junior/Intermediate (Grade 6 to Grade 8 students) boys and girls Floor Hockey Club, every Tuesday after school until 4:45 pm. Please be respectful to the pick up time and ensure your child is picked up at 4:45 pm. At 4:45 pm my child will be getting home by [please select an option from below- walking or pick-up]:

Name of Student (please print)

Name of Student's Teacher

Emergency contact phone number: 1. _____ 2. _____

☐

Walking

☐

Pick-up (please indicate who will be picking up your child)

Driver's Name: _____

Parent/Guardian signature _____

Student Signature _____