



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 Wednesday from 3:30 to 4:45 p.m. This activity will commence Wednesday, October 2nd, 2013 to Wednesday, June 18th, 2014.

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 Tuesday, October 1st, 2013, to Mr. Gafar for participation.

If you have any questions or concerns please feel free to contact Mr.Gafar at 905 202-5960, extension 120.

Sincerely,

Mr. Gafar
Grade 1 Teacher

Mr. Brown
Grade 6/7 Teacher

Ms. West
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 Wednesday 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 _____