

**After School Academic Support
Permission Slips**

Student's Name _____

has my permission to stay after school on _____
(date)

for After School Academic Support. He/She will be picked
up by 4:00 pm by _____ .

Parent Signature

Student's Name _____

has my permission to stay after school on _____
(date)

for After School Academic Support. He/She will be picked
up by 4:00 pm by _____ .

Parent Signature

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has my permission to stay after school on _____
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