

Oak Creek
Franklin

Joint School District

East Middle School

9330 South Shepard Avenue
Oak Creek, WI 53154
Office: 414-768-6260

PARENT PERMISSION CONSENT FORM

I give my son/daughter, _____ permission to attend an after-school activity on
(date) _____

Please check one:

- Tutorial (Please enter at Gym Door #7)
 Club Meeting
 Athletic Event (Pickup at Gym Door #7)
 Detention

Other: _____
Reason: _____
Teacher: _____

I have discussed transportation home from this event.

Parent Signature

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