



WEST MIDDLE SCHOOL

8401 S. 13th Street

Oak Creek WI 53154

414-768-6250

Fax 414-768-6296

PARENT PERMISSION CONSENT FORM

I give my son/daughter, _____ permission to attend a before or after-school activity on (date) _____. **This parent permission slip will function as a hall pass and must be in the student's possession in the halls.**

Please check one:

_____ Tutorial

_____ Detention

_____ Club Meeting

_____ Athletic Event

_____ Other _____

I have discussed transportation home from this event _____

Parent Signature