

**ROBERTO CLEMENTE MIDDLE SCHOOL**

18808 Waring Station Road  
Germantown, MD 20874  
(301) 601-0344



**BASKETBALL GAME PERMISSION SLIP**

Must be submitted to the Main Office by 8:15am on the day of the game.

I \_\_\_\_\_ give my child \_\_\_\_\_

*Parent/Guardian Printed Name*

*Child's Name*

permission to attend the basketball game on \_\_\_\_\_.

**I will pick my child up at 4:30 p.m. or my child will walk home.**

\_\_\_\_\_  
Parent Signature Date

Preferred Phone(circle one): Home/Work/Cell Number: \_\_\_\_\_

Additional Phone (circle one): Home/Work/Cell Number: \_\_\_\_\_

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