MONTGOMERY COUNTY PUBLIC SCHOOLS
INTRAMURAL PARENT PERMISSION FORM

Student’s Name _________________________________ Grade______

I give permission for my child to participate in the after school Intramural Program at Rocky Hill Middle School. This program will be held on Tuesdays, Wednesdays, and/or Thursdays from 3:10pm to 4:20pm. (Days) (Time)

I have indicated below the manner in which my child will be transported home.

________ Activity Bus

________ Walk

________ I will pick up my son/daughter at ___________ (time).

________ Other

(Failure to pick up students on time may result in his/her elimination from the program.)

The activity busses will operate on Tuesdays, Wednesdays, and Thursdays, leaving school at 4:30pm.

________________________________________________________________________
(Signature of Parent/Guardian) (Date)

When the parents are divorced and have legal joint custody, both parents must sign.