

Title I After-School Academic Program Parent Permission Form

Student Full Name:

Grade:

I agree my child will abide by the Southgate Academy Student Handbook during the Title I After-School Academic Program.

I will talk to my child about working hard, trying their best, and staying focused on learning.

I understand transportation is not available for this program and will need to make arrangements or pick-up my child at 5:30 pm.

Select one:

Parent will be picking up

Family or other designated individual

My child has permission to walk home (6th grade and above only)

Authorized person(s) to pick up your child/ren?

Special Instructions:

I give permission for my child to attend the Title I After-School Academic Program. I understand all school enrollment information will be used in case of an emergency or if you need to be contacted.

Parent Full Name:

Parent Signature:

Date:

Phone: