



SFds Before and After School Program In-School Activity Release

Your child is requesting to participate in a school-related activity during the time that you have him/her signed in to BASP. With your permission your child may be under the supervision of an SFds faculty/staff member or parent (ie. Scouts) outside of BASP. Please fill out the form and have your child give it to the BASP counselor on the day of the activity prior to attending the activity.

Student Name: _____ Grade: _____

Activity: _____

Date: _____ Time: _____ - _____

Signature of Supervising Teacher: _____ Date: _____

I give my child permission to participate in the above-mentioned activity with a supervising teacher/staff member or parent (signature is above).

____ My child is to attend study hall from 3:30-4:30.

____ My child may miss study hall.

____ My child may attend the above activity

ONLY after s/he is finished with all homework.

Release Signature of Parent: _____ Date: _____

BASP Release Signature: _____ Time: _____

Receiving Teacher Signature: _____ Time: _____

Teacher will escort student back to BASP at the appointed time.

BASP Receiving Signature: _____ Time: _____