



MOUNT CARMEL SCHOOL

Post Office Box 500006 Saipan, MP 96950
Tel. (670) 234-6184 Fax (670) 235-4571
<http://mountcarmelsaipan.com>

Extra Curricular Activity Permission Form

I, parent/guardian of _____ request for my
(son/daughter) ward to attend the after school activity: _____.

As a supplementary educational experience to _____
on _____ from _____ AM/PM to _____ AM/PM.

I acknowledge my child/ward needs to bring:

Transportation will be provided by: _____

All applicable COVID-19 protocols and guidelines will be followed, including but not limited to temperature screening check-in, mandatory masks/face shields, and physical distancing of at least 6 feet.

I agree that I will not hold Mount Carmel School, teachers, chaperones, and/or the transportation providers liable for any incident or accident beyond the control of reasonable adult supervision.

Thank you for your untiring support, time, and understanding.

Parent/Guardian Date Teacher/Advisor
Date

Principal/MCS Date Teacher/Chaperone Date