ST. MARY MAGDALEN EXTENSION ACTIVITY RELEASE FORM

STUDENT NAME: _____

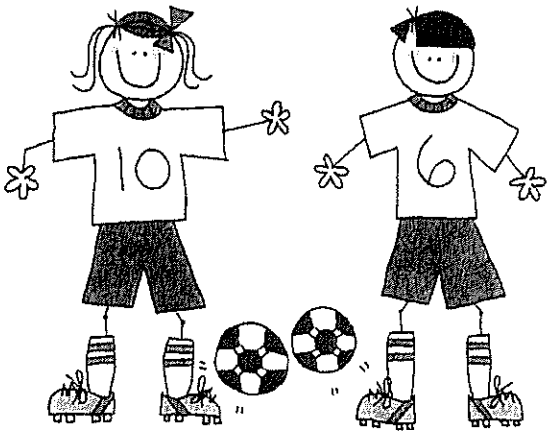
HOMEROOM: _____

LENGTH OF PROGRAM: From _____ to _____

I give my son/daughter permission to participate in _____ (name of activity) and to be dismissed from St. Mary Magdalen's Extension Program at: _____ (time) on _____ (day(s) of week).

*****I understand the SMM Extension staff is NOT responsible for my child during this activity OR for the transport of my child to or from this activity.**

PARENT SIGNATURE: _____

PARENT NAME PRINTED: _____

DATE SIGNED: