



ST. MARY'S
SCHOOL

"Academic Excellence in a Catholic Christian School"

430 E. Savidge, Spring Lake, MI 49456

616-842-1282

www.stmarysl.org

Parent Permission form - Extra-Curricular Event

Name of Event: _____

Destination: _____

Designated Supervisor of Activity: _____

Date(s): _____

Beginning Time: _____ Pick-up Time: _____

Child Cost: _____

If you would like your child to participate in this event, please complete, sign and return the bottom half of this form to "Supervisor of Activity".

Statement of Consent

I hereby consent to participation by my child, _____
in the event described above.

During this event, I can be reached at _____

I certify that I am the _____ custodial parent or _____ legal guardian of the
minor child named above and I agree to the above terms for myself and for my
minor child.

(Print Parent Name)

(Parent's Signature)

(Date)