J.P. CASE PERMISSION FORM TO PARTICIPATE IN EXTRA-CURRICULAR ACTIVITIES PLEASE RETURN THIS FORM TO THE ADVISOR PRIOR TO ATTENDING Please Print Information:

STUDENT NAME	HOMEROOM NUMBER
Name of Activity	Name of Advisor/s
Day/Meeting Time	Other Information
My child has permission to participate in the above aft transportation promptly at the activity's conclusion. Perchange in the above after transportation promptly at the activity's conclusion.	lease note: Students are to be picked up at main entrance of the
Parent/Guardian Name	Daytime telephone and/or cell phone#
Alternate emergency contact	Daytime telephone and/or cell phone#
If activity is sports related, Physician's Name and telep	phone #:
Parent's Signature:	Date:
Email Address:	
	TICIPATE IN EXTRA-CURRICULAR ACTIVITIES TO THE ADVISOR PRIOR TO ATTENDING
STUDENT NAME	HOMEROOM NUMBER
STUDENT NAME Name of Activity	
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