

MATHCOUNTS PERMISSION FORM
Spring 2012

My child has permission to stay after school to participate in *MATHCOUNTS*.
I understand that practices will be held from 2:30 – 4:00 pm on Wednesday
afternoon beginning on March 14.

Student Name: _____ Class: _____

Parent Name: _____

Parent Signature: _____ Date: _____

Parent Contact Information:

Home Phone: _____ Cell Phone: _____

Email: _____

Your child may bring a snack and/or drink to practice. Occasionally, snacks will be provided for
the entire group. Please note any food allergies or anything else I should be aware of:

_____ My child will be picked up by: _____

_____ My child has my permission to walk home.