Student Name:

Grade:

Permission Form

2017-2018

I	give my permission for my
student to participate in Perspectives After School (PA School Cafeteria. I understand that activities may inclu field trips requiring vehicle transport, as scheduled in t	AS), taking place weekly in the Vinalhaven de short walking trips in the area, or short
My student will attend: Tuesdays, 2:40-4:00 pm	Wednesdays, 2:40-4:00 pm
Signed:	
Date:	
CONTACT INFORMATION:	
Name/Relation:	Phone:
	Email:
Name/Relation:	Phone:
	Email:
Other:PHOTO RELEASE:	
I allow Perspectives After School to use newsletters, pamphlets, social media, and other organiyour child's name.	,
I do not allow Perspectives After Schoo in newsletters, pamphlets, social media, and other org	, , ,
PAYMENT INFORMATION: This year Perspectives w \$20 per session, payable on first day of each session. The school and Perspectives advance notice of attendary the school and Perspectives advance notice of attendary the school and Perspectives advance at a cost of \$7 perspectives make checks payable to Vinalhaven Land Trust. See the school and Trust.	The cost per week is still \$5, but this gives nce numbers – a big help to all! er session, payable on the day of attendance.
FOR MORE INFO: Check our monthly newsletter and ca	lendar for programming details, on Facebook



at Perspectives After School, or hsavage@islandinstitute.org



THANK YOU!