

CENTENNIAL HIGH SCHOOL
4300 Centennial Lane • Ellicott City, MD 21042

Mrs. Cynthia Dillon, Principal

Ms. Jeannie Prevosto
Athletics & Activities Manager

AFTER-SCHOOL ACTIVITY PERMISSION SLIP

The following after-school activity is being held at Centennial High School. Students may only participate if they have turned in this permission slip signed by parent/guardian and have **prearranged** for a ride. Any change in the following schedule will be announced in advance. Cancellations will only occur due to inclement weather or emergencies. Because of this possibility please make sure your child knows what plans he/she should follow to get home **before** this situation should occur. On days your child is unable to attend, we ask the parent/Guardian to email the Sponsor, Mr. William Martin at William_Martin@hcpss.org. Students will need to dress appropriately. All students are expected to follow school policies and procedures.

Students are expected to bring this permission slip back to the sponsoring teacher **by the end of the school day on Friday, June 14. No requests to call for permission over the telephone will be granted.** Permission slips can also be scanned and emailed to william_martin@hcpss.org

Please keep this part of the permission slip in a safe place so you and your child will know which days he/she will be at school and will need a ride home.

After-School Activity: Centennial Football Camp

Day(s) of the week program will take place Wednesday, Thursday, Friday

Date(s) of After-School Activity: June 19, June 20, June 21 (last 3 half-days of school year)

Beginning Time: 12:15pm Ending Time: 3:15pm

Sincerely

Mr. William Martin, Sponsor

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This form must be turned in by the end of the school day on Wednesday, April 17, or earlier.
Permission for After-School Activity

Student Name: _____ Activity / Teacher: Flag Football

Date(s): _____ Time of Activity: 12:15pm Pick up time: 3:15pm

☐ I will pick up my child at 3:15 pm. ☐ My child has my permission to walk home.

Parent Name: _____ Parent Signature: _____

Home Phone Number: _____ Work Phone Number: _____

E-mail Address: _____

Emergency person and phone number: _____

In the event of a medical emergency, 911 will be called.