

**DOLAN MIDDLE SCHOOL
AFTER-SCHOOL ACTIVITY
Stamford Public Schools**

PERMISSION TO ENGAGE IN AUDITIONS AND REHEARSALS FOR THE SCHOOL
TALENT SHOW ON THESE FOLLOWING DATES:

October 27, November 3, 10, 15, 17, 22, 29 December 1, 6, 8, 13 (SHOW DATE-December 15, 2011)

Initial sessions will run from 2:55-3:55. As Talent Show nears, sessions will run from 2:55-4:45.

Contact Info: mgenovese@ci.stamford.ct.us

print child's first and last name

child's house and homeroom

THE AFTER-SCHOOL ACTIVITY WHICH YOUR CHILD WISHES TO PARTICIPATE IN IS
CHECKED OFF BELOW:

TALENT SHOW

IN CASE OF EMERGENCY PLEASE CALL:

DR. MR. MRS. MS. _____

Print adult's first and last name

Print adult's relationship to child

Telephone # where parent/guardian can be reached
between 2:55-4:45

Hospital preference

PRINT PARENT/GUARDIAN'S NAME: _____

HOME TELEPHONE NUMBER: _____

I DO NOT grant permission for child to participate in the Program at Dolan Middle School.

I DO grant permission for my child to participate in the Program at Dolan Middle School.

parent/guardian's signature

**PLEASE RETURN THE COMPLETED PERMISSION SLIP TO MR.
GENOVESE IN RM 110**