



P E R M I S S I O N S L I P

To attend:

Emerson Middle School Star Wars Club

With Mr. Fink and Mr. Jackson
In the Counseling Office

Wednesdays after school until 3:45pm

Student Name (please print): _____ Grade: 7 8

Please provide two names and contact phone numbers
where a parent/guardian can be reached during club hours.

Guardian name _____ phone number _____

Guardian name _____ phone number _____

Method to get home (*please circle one*):

CAR *Students getting a car ride should be picked up at 3:45 p.m.*

WALK

Parent Signature: _____ Date: _____

Students: Please return this form to Mr. Fink in the
Counseling Office prior to attending Star Wars Club.