

MAPLE AVENUE MIDDLE SCHOOL
Saratoga Springs, New York 12866

Dear Parent/Guardian:

Your son/daughter has been requested to stay after school on Mon. _____ Wed. _____ Thurs. _____ Fri. _____
(Please check one)

(Date)

This permission form is to let you know that your child will be coming home at a later time than usual on this day. Belt-line run transportation will be provided. The bus will leave Maple Avenue Middle School at either 3:20 p.m. (Mondays, Wednesdays, Thursdays and Fridays) or 3:50 p.m. (Wednesdays and Thursdays).

(Student Name)

Reason: (Please check one)

After School Help _____

Detention _____

Club/Activity _____

(Teacher's Signature)

(Fill in)

My child should take the late bus. _____

I will pick my child up by 3:15 p.m. _____ or 3:50 p.m. _____.

If I have not picked my child up by this time, I understand my child will be directed to take the late bus home.

PARENT/GUARDIAN SIGNATURE: _____

Please have your child return this form to the teacher. Thank you!

