

# CHS Saturday School Permission Form

**DATE:** January 13, 2017

**LOCATION:** Churchland High School

**BEGINNING TIME:** 9:00 AM

**ENDING TIME:** 12:00 PM

**PHONE NUMBER:** 686-2500

**COORDINATOR:** Derrick Watkins

*Please submit questions via email: [Derrick.Watkins@pps.k12.va.us](mailto:Derrick.Watkins@pps.k12.va.us)*

***\*Transportation will be provided (See back for Bus Stops).***

***\*Please return form to the MAIN OFFICE by January 10, 2017.***

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## PURPOSE FOR ATTENDING: PLEASE SELECT ONE

ATTENDANCE

TUTORING (Course Needed): \_\_\_\_\_

More than 10 absences in

Block: 1 2 3 4 **(Students must have work from the class they are making up attendance in/Students who do not have work will not be allowed to attend Saturday School)**

I give permission for my child, \_\_\_\_\_, to attend Saturday School on January 13, 2017 from 9 AM to 12 PM.

### Parent Contact:

**Name:** \_\_\_\_\_

**Phone:** (cell) \_\_\_\_\_ (home) \_\_\_\_\_

**Email:** \_\_\_\_\_

*In the event that we are unable to contact you, please provide emergency contact information:*

**1. Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**