



**POTTSTOWN
SCHOOL DISTRICT**

POTTSTOWN MIDDLE SCHOOL • 540 N. Franklin Street • Pottstown PA 19464 • (610)970-6665 •
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www.pottstownschoools.com

Pottstown Schools – Building a Better Tomorrow

**POTTSTOWN MIDDLE SCHOOL PERMISSION FORM
21ST CENTURY AFTER SCHOOL PROGRAM (ASP)**

Who: Your child is being invited to participate in the 21st Century ASP.

When: The ASP runs **Monday through Thursday**, from school dismissal (2:25) to **5pm, September 13, 2017 through May 31, 2018.**

Where: The ASP will take place at the **Pottstown Middle School.**

PLEASE COMPLETE ALL INFORMATION

Student Name _____ Grade level 2017/2018 _____

Parent Name _____ Home Phone _____

Address _____ Alternate Phone _____

Insurance Coverage Yes ___ No ___ Insurance Company _____ Policy # _____

Medical Assistance Card (DPA) ___ Card # _____ Recipient # _____

As the Parent/Guardian: I hereby give permission for my child to attend the 21st Century ASP from Sept. 13, 2017 to May 31, 2018 as noted in the schedule above.

I will write a note if my child is unable to attend on any day(s) must leave early on any day(s), can't do an enrichment that day, or if there is going to be any other change in schedule.

Parent/Guardian Signature

Date

**POTTSTOWN MIDDLE SCHOOL 21st CENTURY AFTER SCHOOL PROGRAM
(ASP) DISMISSAL PROCEDURE INFORMATION**

Student Name _____ Grade/Section _____

Please select the dismissal option for your student.

Dismissal - Check ONLY one in this section.

_____ My child will walk home from Pottstown Middle School daily at ASP dismissal.

_____ My child will be dropped off daily by school bus transportation at our designated stop.

Please list the name(s) of individual(s) (designees) other than yourself that you authorize to pick up your child/children. Please have these individuals bring and show a current photo ID to the 21st Century ASP staff.

1. _____
2. _____
3. _____

I hereby give permission to the 21st Century ASP staff to release my child/children to the designee(s) listed above.

Parent/Guardian Signature

Date



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