

Hamilton High School Club Permission Slip 16-17

(please fill out completely)

I hereby give my son/daughter _____ my permission to be a
Name **PRINT** Student ID #

member of the AVID club during the 2016-2017 school year.
Club Name **PRINT**

My child agrees to abide by the rules and regulations of the AVID club.
Club Name **PRINT**

Parent/Guardian Name **PRINT**

Student Name **PRINT**

Parent/Guardian Signature

Phone Number(s)

(Return form to your Club Sponsor)