

Delaware Township School

P.O. Box 1000 ♦ Sergeantsville, NJ 08557

609-397-3179 (Phone) ♦ 609-397-1485 (Fax) ♦ www.dtsk8.org

Dr. Richard Wiener
Superintendent

Scott Lipson
Principal

Patricia Pillon
Supervisor

Dear Parents/Guardians,

We have designed a parent permission slip to be used for students who wish to stay after school and view after school athletic contests. This permission slip, once signed, will enable students in grades 5-8 to view games or meets for the entire season. Please take the time to read the permission slip and its requirements at the bottom of this letter and return it to the main office.

Sincerely,
Scott Lipson
Principal

ATHLETIC PARENT PERMISSION SLIP

Student Name: _____

Grade: _____ Homeroom: _____ Sport: _____

I give permission for my son/daughter to stay after school to attend home games/meets at Delaware Township School for the entire season. I understand that my child will be picked up PROMPTLY at school after the game has ended.

Parent Signature _____

Emergency Phone Contact Number _____

PLEASE REVIEW THE FOLLOWING RULES REGARDING AFTER SCHOOL ACTIVITIES WITH YOUR CHILD

1. Respect officials, coaches, players and guests at all times.
2. Respect school property at all times.
3. Be respectful when cheering for your school.
4. Stay seated in bleachers and on side of field when viewing the game/meet.
5. Refrain from entering the court or field at all times - this includes timeouts, halftime and between games.
6. Remain in the immediate area of the activity until it has ended. Entrance back into school building is not permitted after games/meets.
7. Students must have a signed Athletic Parent Permission Slip to stay afterschool to view a home game/meet.

Student Signature: _____ Date: _____

PLEASE RETURN TO THE MAIN OFFICE