

John Read Middle School  
**Homework Center Permission Slip**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

I, the parent or guardian of the above-named child, hereby give my permission for \_\_\_\_\_ to attend the John Read Middle School Homework Center. We understand that students in the Homework Center must adhere to the discipline policy of JRMS and we agree to abide by this policy. By signing this form, we attest that we have read the Homework Center policies and agree to abide by the rules, including picking our child up ***by 5:00 to 5:15 pm outside of the library doors***. If someone other than the child's parent/guardian will be picking up the child, we will provide the Homework Center teachers with a note indicating so.

Parent Signature: \_\_\_\_\_

Day Time Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

Student Allergies and/or Medications: \_\_\_\_\_

Any other information you would like the Homework Center staff to know:

\_\_\_\_\_  
\_\_\_\_\_