SCIENCE CLUB PERMISSION SLIP Grades 3-8

2026-2027

***Please fill out all information and return the form to Mrs. Ozgar**

Student Name: _____

Homeroom Teacher: _____ Grade:_____

Parent Name: _____

Parent Phone Number: _____

Parent Email:_____

I give permission for my child,_____
(Student's Name)

to join the Science Club. I understand that my child will go to homework club at dismissal, and Mrs. Ozgar will pick them up there at 3:00 pm. Science club runs from 3:00 to 4:00 pm, and parent pickup will be at the entrance near the superintendent's office. I understand that I will park my car and walk over to retrieve my child.

Parent Signature:_____

Date:_____

*Meeting dates will be announced once the number of members is determined. There will be different sessions for different grade levels starting with Grade 3, which will meet on Mondays for 5 weeks. Schedules will be sent via email.

The first meeting will be held on Monday, **September 14th.**