

# *Maple Road School PTO, Inc.*

36 Maple Road, West Milford, New Jersey 07480

973-697-3606

## PTO ACTIVITY PERMISSION SLIP

This generic permission slip is to be used for PTO sponsored events held at Maple Road School.

If special accommodations are needed, please contact Mrs. Faith Delaney, Principal.

Please print out a copy and forward to the PTO Mailbox at Maple Road School. Students may also bring permission slips with them to any event.

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Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Name: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

My son/daughter has my permission to attend the PTO's Event listed above. In case of an emergency, I can be reached at the phone number listed below between the hours of 6:00 p.m. and 9:00 p.m.

Parent/Guardian Signature: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

I will be picking up my child after event: Yes [  ] No [  ]

If [no] is checked, I give permission for my child to go home with:

Print Clearly: \_\_\_\_\_