



# ARANDA AFTERS INCORPORATED

## Aranda Afters Extra Curricular Permissions Form 2019

Please fill out ONE FORM PER CHILD

My Child ..... will be attending the following weekly extra-curricular activity/ies in 2019.

Activity:	Day of Activity:	Time of Activity:	Name of Tutor:
1.	Day of the week:	Start Lesson: End Lesson:	
2.	Day of the Week:	Start Lesson: End Lesson:	
3.	Day of the week:	Start Lesson: End Lesson:	

I give permission for Aranda Afters staff to sign my child out of Arandas Afters for the lesson times above or as varied from time to time.

I give permission for Aranda Afters Staff to sign my child back in to Afters once they have finished their lesson at the above time or as varied from time to time.

**I understand that my child may not leave Aranda Afters to attend their lesson without written consent.**

I will inform Aranda Afters **in writing** if there are any changes to my child's attendance of the above lesson.

Name: .....

Signature: .....

Date: .....