



MOUNT CARMEL SCHOOL

Post Office Box 500006 Saipan, MP 96950
Tel. (670) 234-6184 Fax (670) 235-4571
<http://mountcarmelsaipan.com>

Extra Curricular Activity Permission Form

I, parent/guardian of _____ request for my
(son/daughter) ward to attend the after school activity: _____.
As a supplementary educational experience to _____
on _____ from _____ AM/PM to _____ AM/PM.

I acknowledge my child/ward needs to bring:

Transportation will be provided by: _____

I agree that I will not hold Mount Carmel School, teachers, chaperones, and/or the transportation providers liable for any incident or accident beyond the control of reasonable adult supervision.

Thank you for your untiring support, time, and understanding.

_____ Parent/Guardian Date	_____ Date	_____ Teacher/Advisor	_____
_____ Principal/MCS	_____ Date	_____ Teacher/Chaperone	_____ Date