

SILVER TRAIL MIDDLE SCHOOL

Steve Frazier, Principal 18300 Sheridan Street, Pembroke Pines, FL 33331 Tel. (754) 323-4300 Fax (754) 323-4385

Dear Parents/Guardians:

Jane Collin Art Instructor

Dear Tarents/ duardians.		
Please INITIAL (not Check) each individed Students are to bring the signed permiss must be initialed and signed BEFORE to sessions.	ion form to the	first Art Club meeting. This form
I will provide transportation for munderstand that being more than 15 minu the Art Club.		-
My child is currently covered either policy. (Name of insurance company:		
I hereby allow my son/daughter, _		
(PRINT CHILD'S FIR	ST AND LAST NAME) (GRADE)
to participate in Silver Trail Middle Schofrom 3:45 P.M. until 5:15 P.M. I understa LATER than 5:15 P.M. for there will be NC	and my child MI	JST be picked up at the school NO
Also, I am aware that Silver Trail Middle Scoverage for my child. However, Health Florida, www. Healthykids.org (1-888-54 waiting is available.	hy Kids Insurar	nce is available from the State of
Parent/Guardian Signature	Date	Cell Phone
Please list two emergency contacts:		
Name:	Phone:	
Name:	Phone:	
I look forward to working with your child	. Thank you for	your cooperation and support.
Lane Collin		