**CROW ISLAND SCHOOL**

**PTO Activity Participation Permission Form**

The PTO is offering an extracurricular 4th Grade Book Club to allow students an opportunity to socialize and engage in dialogue about a shared text. Please complete and sign the bottom portion of this form first to signify that your child is willing to participate in this program, and second that your child has your permission to participate in this program.

**Please return by** **February 5, 2020.** *Thank you.*

**Description of activity:** ­­­­­ 4th Grade Book Club

**Location:** Mr. Dugo’s Classroom **Activity Time:** ­­Lunch Period (after recess)

**Start Date:** February 11, 2020 **End Date:** March 10, 2020 \*potential to add March 17

**Transportation:** N/A **Cost:** Must have copy of book

**Event Chairs/Chaperones**: Stacey McConnell, Cynthia Rapp, and Katie Smith

**Additional Notes (i.e., participation requirements or expectations):** We will be reading *A Wolf Called Wander* by Rosanne Parry and discussing the book at each session. Students will be expected to have read relevant sections of the book and be prepared to talk about what the book means to them in a positive and respectful way. A nut-free lunch from home or hot lunch is required, as we will be eating in a classroom.

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**Student / Parent /Guardian Participation Permission Form**

I give permission for ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Print Student Name)* to participate in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Name of Activity)* activity described above. By signing this together as the student and as parent/guardian, we both express our mutual interest in participating in this activity and understand the student’s time commitment and expectations required to actively participate in this activity.

**Student’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Teacher** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please PRINT Parent /Guardian’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent / Guardian’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_