**VFMS Writing Club**

*Start Day: October 22nd*  *Day(s)*: Every other Tuesday morning

*Time*: 7:45-8:15 *Room:* Library

*Sponsor(s)*: Mrs. Van Thuyne and Mrs. Tuffner

Do you have a passion for writing? Do you want to improve your writing skills? We would love to have you join our club! The Writing Club provides an opportunity for students in grades 5, 6, 7, or 8, who enjoy writing, to meet with other writers.

Please complete the information below and return your slip to Mrs. Van Thuyne in the Library or Mrs. Tuffner in Room 615B.

*\*\*PLEASE CUT ON THE LINE AND RETURN THE BOTTOM SECTION OF THIS FORM\*\**

**Writing Club**

My child has my permission to participate in the activity, Writing Club. I understand that my student will need to be at VFMS at 7:45 a.m. on club meeting days.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE: \_\_\_\_\_\_

HOMEBASE TEACHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If emergency treatment is required, may school authorities use their judgment in securing the services of the doctor most readily accessible?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_

PHONE#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_