



WISE Club Permission Slip
Apex Friendship High School
919-694-0500

Student's Name: _____ Grade: _____

Supervising Teacher's Name: Nancy K. R. Cattrell and Cassandra McClellan

Date(s) to stay after: Ongoing (will be announced in advance), with bi-weekly meetings every other Tuesday during STAR lunch.

Time student will be picked up: 4:00pm

Location student will be waiting: Front of the school, in the carpool lane.

Description of the activities and events:

- Students will stay after-school for STEM activities including community service, outreach, and the Women in STEM event.
- Bi-weekly meetings will be held to discuss current STEM events, conduct experiments, and provide support to women in STEM.

My signature below indicates that I give my permission for my child to participate in events, including after school events described above. I agree to pick up my child at the designated time and place. I understand that my child may be photographed and/or videotaped while participating in the AFHS WISE Club.

Parent or Guardian's Signature

Date

Class Schedule

	<i>Semester 1</i>		<i>Semester 2</i>	
<i>Block</i>	<i>Teacher</i>	<i>Room Number</i>	<i>Teacher</i>	<i>Room Number</i>
Homeroom				
1 st Block				
2 nd Block				
3 rd Block				
4 th Block				

Parent/Guardian Contact Information

Name(s): _____

Emergency Number: _____

Home Number: _____

Email Address: _____

Student Information:

Allergies: _____

Email Address: _____