

# BASSICK HIGH SCHOOL

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Joseph A. Raiola, Ph.D. *Interim Principal*  
James Denton, *Assistant Principal*

Beswick Channer, *Assistant Principal*  
Chris Johnson, *Assistant Principal*

## Parent or Guardian club / afterschool activity permission form

Bassick High School is offering (*fill in name of club / afterschool activity*). This club / afterschool activity will (*provide description of club*). The faculty advisor for this club is (*fill in advisor name*) they can be reached at (*fill in email and phone number*).

The first meeting will be (*Fill in first meeting date*). Meetings will be held (*fill in frequency of meeting, dates of week and times*). If you are interested in your child participating, please fill out the bottom section of this notice and return it to school as soon as possible. Students may not attend the club / activity without a permission slip.

**Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I give permission for my child (named above) to participate in the **BHS Student Council**. Following meetings, your child will be dismissed to walk home at **3:30**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

### Emergency Contact Information

**Parent(s)/Guardian(s)**

Phone Numbers

Phone Type  
(Home,  
Mobile, etc.)

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

<u>Phone Numbers</u>	<u>Phone Type</u> ( <u>Home,</u> <u>Mobile, etc.</u> )

\_\_\_\_\_  
Parent(s)/Guardian(s) Email address(es)

\_\_\_\_\_  
Please list any allergies or other medical issues the faculty advisor should know about: