

WESTON MIDDLE SCHOOL

Permission to view “G” and “PG” rated video programs at school:

Please circle **and initial** your choice **YES** ___ or **NO** ___

Permission to travel by bus or walk with supervision within the school district without a permission slip:

Please circle **and initial** your choice **YES** or **NO**

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CONTACT THE SCHOOL WITH ANY CHANGES TO THIS AGREEMENT.

Student’s Name (print) _____ Grade _____

Student’s Signature _____ Date _____

Parent/Guardian Signature _____ Date _____