

NON-CURRICULUM CLUB
Parent Permission Form

Weddington High School
4901 Monroe-Weddington Road
Matthews, NC 28104
(704) 708-5530

PLEASE PRINT

School Year: 20____ - 20 ____

Club Name: _____

Club Advisor: _____

Student's Name _____
(Please print) Last First MI

I hereby give permission for my child, _____

to participate in the above listed Non-Curriculum Club at Weddington High School.

I **do not** wish my child _____, to participate in the above named Non-Curriculum Club at Weddington High School.

Signature of Parent/Guardian

Date

Due by: _____