



St. Joan of Arc School

SJA SPARTA Permission Slip

I/we give my child permission to stay after school from 3 to 4pm for Sparta on the dates:

September: 13th, 20th, 27th

October: 4th, 11th, 18th, 25th

November: 8th, 15th, 22nd

Student's Name _____

Student's Grade _____

Parent's Name (*please print*): _____

Parent's Signature: _____

Complete this form, sign, and return it with the registration fee of \$60.00 to the school.
Please remember to write "SPARTA" in the memo line of your check.