

Our Vision
*Excellence in education,
community, and self for
success in tomorrow's
opportunities.*



Our Mission
*Maximize and foster
learning and growth for all
through continuous
improvement.*

STANTON SCHOOL CLUB or ACTIVITY PERMISSION SLIP

Name of Club/Activity: _____

I, _____, give permission for my son/daughter, _____

to participate in the club/activity listed above. This permission form and **\$10.00 participation fee** (per activity) must be turned into the office before a student may participate.

Home Number: _____ Work Number: _____

Cell Number: _____ Email Address: _____

My child has the following insurance: _____ Policy #: _____

Note: All students are covered by the District's student accident insurance policy, which is secondary to family medical coverage. Family medical coverage is not required for participation in extracurricular offerings. For more information on student accident insurance please visit <https://www.d114.org/student-accident-insurance>.

Disclaimer: D114 reserves the right to seek medical attention when deemed necessary for the well-being of its' students.

Permission to Participate

Student Name Printed

Parent/Guardian Name Printed

Student Signature

Parent/Guardian Signature

Date

Date

Stanton Middle School
101 Hawthorne Lane, Fox Lake, IL 60020
Principal--Jeff Sefcik
Assistant Principal--Rachelle Peters