

*Franklin Public Schools  
Lifelong Learning Institute*

**Solutions Extended Day**

**Consent Form for Child participate in Middle School Clubs**

2019/2020 School Year

I, \_\_\_\_\_ authorize my child, \_\_\_\_\_

to leave the program to go to, \_\_\_\_\_.

This permission is in effect from \_\_\_\_\_ to \_\_\_\_\_.

Activity Location: \_\_\_\_\_

**Restrictions:**

All Students must check in with the Solutions staff prior to the attending Middle School Clubs

I understand that Solutions has the right to rescind the above privilege if my child's behavior warrants the limitation.

I also understand that my child will not be supervised by the Solutions staff while he/she is away from the program.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_