

IDEAS Center Registration/Permission Form

Student name: _____ Grade: _____

Home address: _____

Parent/Guardian: _____

Phone (day): _____ alternate number: _____

Email: _____

Emergency contact: _____ phone: _____

Please sign this form and have your child return it to one of the IDEAS Center staff members.

I, _____ wish to allow _____
to participate in the John Witherspoon Middle School IDEAS Center which meets after
school, from 3 to 4pm, Mondays through Thursdays, unless school is closed or ends
early.