

Gender and Sexuality Alliance

Please fill out the information below and return it to the main office. Please complete a form for each child.

Meets Fridays in 252 from 3 - 4 PM

Beginning February 2

Student Information:

Student's Name: _____ Team: _____

Homeroom Teacher: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____ Cell _____

Please let us know if your child has any physical limitations and/or food allergies.

I give permission for my child to participate in this activity.

Parent/Guardian Signature _____
