

Contemporary School of the Arts

& Gallery Inc.

**PERMISSION SLIP FORM FOR:
AFTER SCHOOL ART PROGRAM AT CSAGI**

AS THE PARENT/GUARDIAN OF THE BELOW LISTED STUDENT, I GRANT PERMISSION FOR THIS STUDENT TO ATTEND THE FREE ART PROGRAM AT CONTEMPORARY SCHOOL OF THE ARTS & GALLERY, LOCATED AT 4 WEST FRANKLIN STREET IN HAGERSTOWN, MARYLAND. I UNDERSTAND THAT THE STUDENT WILL RECEIVE TRANSPORTATION FROM THEIR SCHOOL, BUT THAT I WILL BE RESPONSIBLE FOR PICKING UP THE STUDENT ON THEIR DESIGNATED DAY(S) OF ATTENANCE BY 6:45PM.

NAME OF STUDENT: _____

NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN CONTACT #: _____

DATE: _____

NAME OF STUDENT'S SCHOOL: _____

GRADE LEVEL: _____

Contemporary School of the Arts & Gallery, Inc.
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www.csagi.org We are a non-profit, 501(c)(3) school and gallery
dedicated to bringing art to the community
through after-school and community art programs

