



Our Lady of Hope Catholic School
2024-2025 Comic Club Permission Form
(first Monday of each month from 3:15-4:00)

Please complete and return to Mrs. Jolley by Monday, October 7, 2024

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Select One:

_____ My child will be picked up after the meeting.

_____ My child will go to Extended Day after the meeting.

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Please list individuals authorized to pick up your child:

1. _____
2. _____
3. _____
4. _____
5. _____