



QUEENS GATEWAY TO HEALTH SCIENCES  
SECONDARY SCHOOL

Ms. Judy A. Henry, Principal  
Ms. Keisha T. Rucker, AP Supervision. I.A.  
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**PARENT NOTIFICATION FOR SCHOOL- BASED ACTIVITY**  
**Middle School Saturday Academy**

**PERMISSION FORM**

This form must be completed and submitted to QGHSSS Program Advisor/Teacher **on the first day of the activity (February 3<sup>rd</sup>, 2018)** to be held on school premises.

Name of Child \_\_\_\_\_ School Q680

**Name of the Activity:** SATURDAY ACADEMY

**Purpose of the Activity My Child Will Be Attending:** Academic support in ELA and Mathematics

**Dates of Attendance:** Saturdays: February 3; 10; March 3, 10, 17, 24; April 14, 21, 28

**Program Begins:** 8:30 AM      **Program Ends:** 11:30 AM

Person in Charge of Activity:

Dr. Amarnauth Samaroo

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

I understand that my child must report to the designated room immediately upon arriving at the school; check in with the QGHSSS Teacher/Staff; and cooperate with the staff before, during, and after the activity. My child must remain with the staff on the premises until the program has ended. I understand that my child will be dismissed from the school at the end of the activity.

I understand that I cannot hold the school responsible for my child's travel to, and departure from, the school site and while traveling to his/her home site.

I understand that QGHSSS is responsible for my child during the period he/she is attending the activity.

During the duration of the activity, my child will be under the supervision of an adult whose responsibility it is to see that my child remains with the program and leaves the premises immediately following the program.

I also understand that it's QGHSSS's responsibility for the safety while he/she is on the school site.

I agree that in the event of an emergency: injury or illness, the staff member(s) in charge of the event/program may act on my behalf and at my expense in obtaining medical treatment for my child.

**I understand that students who violate the NYC Department of Education Discipline Code may be excluded from continuing with this program.**

**I understand that if a child is uncooperative he/she will be removed; parents will be contacted by then supervising staff, and the student will be dismissed from the event/program.**

In an emergency I can be reached at: Tel # \_\_\_\_\_

Additional contacts: Name: \_\_\_\_\_ Tele #: \_\_\_\_\_

I have read and understand the information outlined in this letter. I, the parent/guardian of the student named above, hereby give permission for my child to attend the above activities which will be held on school premises during the time he/she is enrolled in QGHSSS.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

Student Declaration

(To be signed by middle school students)

I have read this form and I understand and agree that I am to act in the same responsible manner in which I am expected to conduct myself during regular school hours. **I understand and agree that if I act in an uncooperative manner, it takes away valuable instructional time from my classmates, and that I may be excluded from continuing with the program.**

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

**Submit this permission form on the first day of the activity on February 3, or on the first day that you begin the program.**