



**Green Township School District**

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**Mrs. Jennifer Thompson**  
Principal/Coordinator  
of Instruction

**Mr. John Z. Nittolo**  
Superintendent

**Ms. Sallyann McCarty**  
Business administrator/Board  
Secretary

Soccer Clinic Permission Slip

**Location:** Green Hills School

**Date:** Tuesday, August 21, 2018 (rain date: Monday, August 27, 2018)

**Time:** 6:00-7:30 PM

**What to bring?**

**Mandatory:** Shin guards and water

**Optional:** Soccer cleats and soccer ball

\*Students must be registered to attend Green Hills School for the 2018-2019 school year in order to participate.

\*Students must be dropped off and picked up promptly at **7:30pm**.

Student Name: \_\_\_\_\_

Grade for 2018-2019 School Year: \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to participate in the soccer clinic sponsored by Green Hills School on **Tuesday, August 21, 2018** from 6:00-7:30pm. I agree to pick my child up from school promptly at **7:30pm**.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

If your child will participate in a carpool and picked up by someone other than their parent/guardian, please designate the name, relationship, and phone number of the person on this form. This arrangement must be declared in **advance**.

Student will be picked up by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_