

WHMS Art Workshop Permission Form

Student's Name (Please Print) : _____ Grade: _____ Student Number: _____

We are starting an Afterschool Art Program at West Hills Middle School. This program is to help foster collaborative effort and get students involved in something new and interesting to them. This is not a club or competition driven program, rather we are focused on practice and introducing new skills to students. We will be offering a variety of different art projects that will change throughout the school year.

The art workshops will start at 3:00PM and go to 4:30PM on Wednesday of every week, unless otherwise announced. Students can bring mess safe clothes, if they would like, but it is not required.

At the end of the art workshop, students will help the teachers to clean up any equipment and messes. Students must be picked up from the school or have permission to talk home.

Code of Conduct:

- Students will be kind and respectful to themselves and others.
- Students will keep the art room clean.
- Students will be respectful and safe when using equipment.
- Students will actively participate in the project
- Students will listen to teachers and be open to critique and improvement.

Jordan School District and West Hills Middle School does not provide or sponsor bus transportation in connection with certain or multiple activities. As a result, participation in these workshops is conditioned on arrangements being made for transportation both to and from the school.

My signature indicates:

- Permission for my son/daughter to participate in art workshops and also acknowledges my responsibility for providing transportation and medical insurance coverage for my son/daughter throughout the period of participation.
- That my student understands and will adhere to all art room rules and code of conduct.
- That I acknowledge that Jordan School District does not provide or sponsor transportation in connection with art workshops and that the student, the student's parent, or legal guardian will be responsible to arrange transportation.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Emergency Contact: Name: _____ Phone Number: _____

This information is necessary for our files. Please make sure this form is filled out completely. Thank you.

****Please return completed forms to Ms. Mackall in Rm. 332 or to the Main Office***