

# Christopher Columbus Middle School

350 Piaget Avenue  
Clifton, New Jersey 07011  
973.470.2360

**Andrew Jaeger**  
Vice Principal

**Francine R. Parker, Ed. D.**  
Principal

**Vanessa F. Gaba**  
Vice Principal

I hereby grant my permission for my child \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ to participate in CCMS Cut-a-thon on **Monday, May 21, 2018**. In consideration for permitting my child to participate in this extra-curricular activity, I hereby release and forever discharge the Clifton Board of Education, its employees, and agents from any and all liability, suits, damages, claims, and demands, if any, arising from said extra-curricular activity.

No child will be permitted to participate in this extra-curricular activity, if this consent is not filled out by the parent or guardian and returned to the school by May 12, 2018.

PUPIL'S NAME \_\_\_\_\_ HR TEACHER \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIPCODE \_\_\_\_\_

TELEPHONE #: HOME \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL : \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

If you want to attend event or will be transporting your child, what appointment time (between 9am-3pm) would be most convenient for you? \_\_\_\_\_

If you have any questions, please email Kim Dreher at [kdreher@cliftonschoools.net](mailto:kdreher@cliftonschoools.net).  
**(please return completed forms to Ms. Dreher at CCMS .**

