

Totowa Borough Public Schools

Washington Park School

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www.totowa.k12.nj.us

Patricia Capitelli
Chief School Administrator

Michael O'Brien
Principal

Date: _____

Dear Parents and Guardians:

Your child will stay after school with Mr. Darias for a "Script Writing Workshop" on _____ from 3:30pm until 4:30pm. Please sign and return the permission form below. Students are not permitted to participate without returning a signed permission form.

Thank you.

Sincerely,

Michael O'Brien

- Cc: Ms. Patricia Capitelli, Chief School Administrator
- Ms. Lauren Terranova, Supervisor of Special Education
- Mr. Jonathan Kruzel, Vice-Principal, Washington Park School
- Ms. Nicki Mc Grane, Supervisor of Curriculum and Instruction

VIDEO PRODUCTION – AFTER SCHOOL

My child, _____, has permission to stay after school on _____ with Mr. Darias for a from 3:30pm until 4:30pm.

In the event that medical attention is necessary, it should be understood that if this statement is not signed by a parent or guardian, treatment may not be rendered. I hereby authorize the Totowa School District and its faculty members in charge of my child to obtain all necessary medical care and further authorize any licensed physician and/or medical personnel to render all necessary medical treatment.

Parent/Guardian signature

Student name and homeroom number

Telephone number where we may contact you on the date listed