

Totowa Borough Public Schools
Washington Park School
10 Crews Street, Totowa, NJ 07512
Phone: 973-956-0010 Ext. 2103 Fax: 973-389-2270
Email : Totowacapitelli@Yahoo.com/totowaobrien@Yahoo.com
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 _____ on _____ from ____ pm until ____ pm. 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 McGrane, Supervisor of Curriculum and Instruction

VIDEO PRODUCTION – AFTER SCHOOL

My child, _____, has permission to stay after school on _____ with Mr. Darias for _____ from ____ pm until ____ pm.

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