

ACTS OF KINDNESS PERMISSION FORM

Student Name _____

As a Member of the ACTS OF KINDNESS CLUB, I will demonstrate kindness towards others at Bull Run Middle School and participate in all group projects designed by the club. I will maintain a B average or better and respect and follow all school rules. I understand that as a Member of the AOK Club, I'm expected to serve as a role model of kindness in my school.

Student Signature _____

*Meetings will be scheduled once per month after school (Calendar on BRMS website). Transportation will be provided on club days when meetings are scheduled and /or Parents will be expected to pick-up students at the designated club time. (Usually 4:15 p.m.)

Parent Permission

My student _____ has permission to stay after school for the AOK Club at Bull Run Middle School. My student may ride the activity bus or I will provide a ride at the end of the club sponsored meeting or event.

Parent Permission Signature _____

Date _____

*You may contact Mrs. Staines, Club Sponsor at 703-753-9969 or stainer@pwcs.edu with questions.