

Fairhill Elementary
Before-School Permission Form

My child has permission to attend the Fairhill Fitness Fanatics Group with Mr. Mitchell and other Fairhill Staff.

Parent Signature _____

Name of Student(s) _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Parents Names: _____

Emergency Contact: _____ Phone #: _____

Teacher's Name: _____

Any important information (medical, etc.) that we should know: _____

Please return this form to Mr. Mitchell
Mr. Mitchell's Phone #: 703-208-8130
Email: Andrew.Mitchell@fcps.edu