

Join Spectrum: (AACMS's LGBT/Straight Alliance)

Parent/Guardian Permission:

□ I give permission for ________ to participate in the Arts Academy Charter Middle School's Spectrum after school club.

Please refer to the attached information flyer for a description of Spectrum.

(Parent/Guardian Signature)

(Date)

Student Permission:

I ______ would like to participate in the Arts Academy Charter Middle School's Spectrum after school club. I understand this is a voluntary club. I understand that I must have rides home from the club and be picked up no later than 4 pm every other Thursday.

(Student's Signature)

(Date)

Please complete and return to Kristen Stachina (Club Adviser) no later than



Join us as we advocate for improved school climate by educating the larger school community about LGBT issues while supporting LGBT students and their allies.

Meetings will be held every other Thursday from 3-4pm!

Permission slips available virtually!



