

**MEYERHOLZ SCHOOL**  
**Cupertino Union School District**

Anita Alfonso, Principal  
6990 Melvin Drive  
San Jose, CA 95129  
(408) 252-7450  
FAX: (408) 446-2597  
September 15, 2009



Dear Parent/Guardian:

Your child will be participating in the Meyerholz Walk-a-thon on Friday, October 16<sup>th</sup>, 2009. All first through third grade students will be walking from 1:30-2:30pm for P.E. All fourth and fifth grade students will be walking from 2:00-3:00pm for P.E. **Your child needs your permission to continue participating in the Walk-a-thon after the usual dismissal time.** If your child doesn't have your permission to remain, you will need to make arrangements to pick up your child at dismissal time (2:35pm for primary grades and 3:05pm for upper grades).

All kinders need to be checked in by a parent/guardian after 2:30pm. All kinders also need to have a signed permission slip to walk.

You may assign another adult to act as a guardian for your child. This guardian will be responsible for your child from the time school is dismissed until 6:00pm or until they are picked up.

Please indicate below whether or not you give permission for your child to participate in this event.

**Permission slips must be returned to Meyerholz by Monday, October 12, 2009.**

Thank you,

Anita Alfonso  
Principal

*Detach and return to student's homeroom class*

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**To: Meyerholz School/Cupertino Union School District**

\_\_\_\_\_ I hereby give permission for my child to participate in the Walk-a-thon after school is dismissed. I will be there to watch my child for the duration.

\_\_\_\_\_ I hereby give permission for my child to participate in the Walk-a-thon after school is dismissed, and I assign \_\_\_\_\_ cell# \_\_\_\_\_ to watch my child for the duration.  
(Please put down YMCA if your child attends the YMCA after school)

\_\_\_\_\_ I do NOT wish for my child to participate in the Walk-a-thon. I will pick up my child when school is dismissed.

Parent Signature: \_\_\_\_\_ Cell #: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Room # \_\_\_\_\_ Teacher \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

*Parents: Return to your homeroom teacher by October 12, 2009.*

*Teachers: Send student roster with responses of turned-in forms. Return forms to the office.*