

## **Folly Quarter Middle School – Memory Book**

**Memory Book: Free of charge.** We are looking for dedicated, hard working, and enthusiastic individuals to join the 2016-2017 Memory Book Committee. Being a part of the committee allows you to have input into this year's memory book and only requires you to meet two to three times a month after school. The committee meets on Fridays. **THE FIRST MEETING IS FRIDAY JANUARY 13<sup>TH</sup>.**

### **FOMS MEMORY BOOK COMMITTEE MEETING DATES**

**Fridays 2:30-3:30 in the Media Center**

**\*Some dates may change**

**January 13<sup>th</sup>**

**January 20<sup>th</sup>**

**February 3<sup>rd</sup>**

**February 10<sup>th</sup>**

**February 24<sup>th</sup>**

**March 3<sup>rd</sup>**

**March 17<sup>th</sup>**

**April 7<sup>th</sup>**

**April 21<sup>st</sup>**

**The attached form is due in the front office by Friday,  
January 13<sup>th</sup>**

**FQMS – Memory Book**

**Permission Slip/Emergency Transportation**

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Activity: \_\_\_\_\_

Activity: \_\_\_\_\_

Student Email: \_\_\_\_\_

Student's 1<sup>st</sup> Period Teacher -A Day \_\_\_\_\_

Student's 1<sup>st</sup> Period Teacher - B Day \_\_\_\_\_

My student will be picked up by the following authorized person/persons:

\_\_\_\_\_

I recognize that the Howard County Public School System cannot be held responsible for conditions beyond their control. I am aware that my child must be picked up at **3:30 pm** unless otherwise noted.

Parent/Guardian's Name: \_\_\_\_\_

E-Mail \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell No. \_\_\_\_\_

Work No. \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

*Parent/Guardian Signature*

\_\_\_\_\_ Date \_\_\_\_\_

*Student Signature*