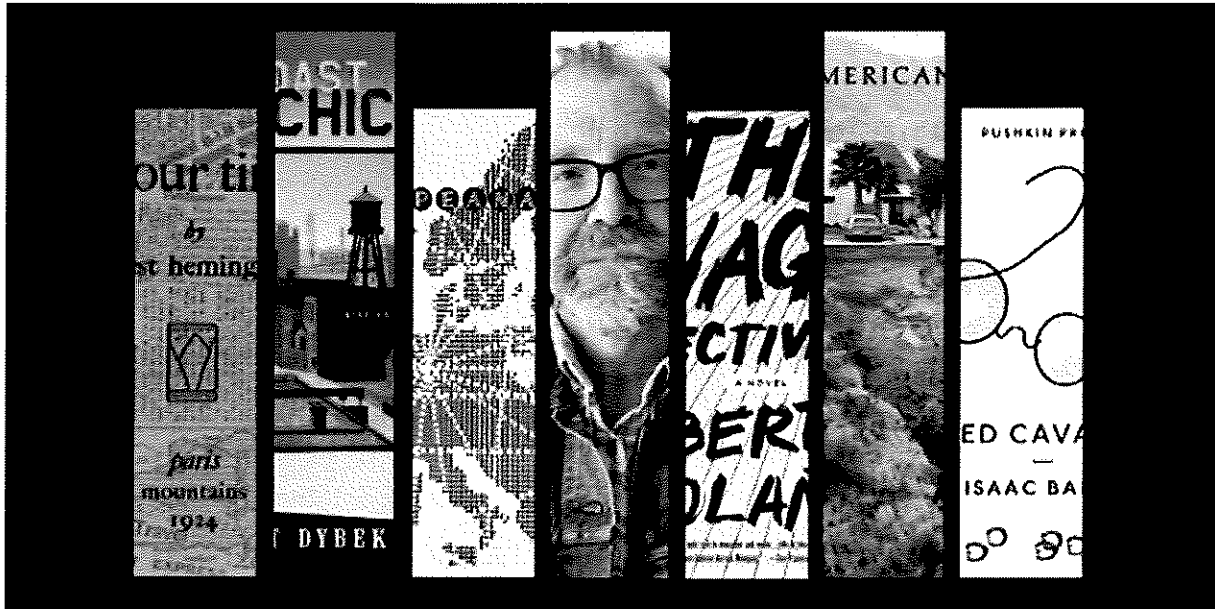


George Saunders Workshop

December 17, 2025

2:30 - 4:15 pm



The New York Times noted "no one writes more powerfully than George Saunders about the lost, the unlucky, the disenfranchised."

The critically acclaimed and award winning writer, **George Saunders**, is teaching an after-school workshop via zoom to Hunterdon Prep students on December 17, 2025 from 2:30-4:15.

This workshop is open to any student who is interested in the creative process or the power of storytelling.

Prerequisite: Students must have a ride home at 4:15 pm.

Return the attached permission slip to Ms. Willsey by December 12, 2025

Questions or concerns can be emailed to Patti Willsey pwillsey@hunterdonprep.org



HUNTERDON PREPARATORY SCHOOL

11 SPENCER LANE
ANNANDALE, NJ 08801

Phone: 908-832-7200 • Fax: 908-832-9772

www.hunterdonprep.org

Your child is invited to participate in an after school workshop with published and award-winning author, George Saunders on Wednesday, December 17, 2025, from 2:30-4:15 pm. Hunterdon Preparatory School activities are offered to our students in order to provide informal educational, social and recreational experiences.

In order to participate, your child must have secured a ride home at 4:15 pm.

Please complete the following information and return this form by **December 12, 2025**. If you have any questions or concerns, please email Patti Willsey at pwillsey@hunterdonprep.org.

I, _____ give permission/acknowledge notification

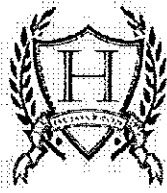
For _____'s participation in the after school program on **Wednesday December 17, 2025.**

Please indicate any considerations that may impact your child's experience.

If your student will need over the counter or prescription medication during the activity, please follow the guidelines on the attached Medication Permission Form.

Parent/Guardian Signature Date

Student Signature Date



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Parent's Request for Giving Medications on a School Trip/Activity 2025-2026

Trip Destination: George Saunders Workshop Date of Trip/Activity: 12-17-25

I hereby authorize school staff members to supervise _____
(Student Name)

to self-administer the following medications:

(Name of Medication) Dosage _____ Time _____

(Name of Medication) Dosage _____ Time _____

(Name of Medication) Dosage _____ Time _____

(Name of Medication) Dosage _____ Time _____

I understand that the medication **must** be delivered to the school nurse, principal, and/or designee **AT LEAST THREE DAYS PRIOR TO THE EVENT**. It must be in a pharmacy container labeled with the name of the student and physician, the name of the medicine, dosage, and times to be taken.

(Parent/Guardian/Adult Student Signature) Date: _____