

Signature of Parent or Guardian

Permanent Pickup For Student 2019-20

The following people have my permission to pick up my student(s) from school:

Name:	Relationship:	Contact Number:	
•	lent needs to leave the GC camp the above people to be permitted	ous before school is out I <i>always</i> need to check my student(s) out.	ed to conta
	responsible for my child once the is after school or during regular	ey check out of school if any of the a school hours.	bove peop

Date