

John Hill School



Preschool Dismissal Authorization

Please check the applicable box below and list the individuals permitted to pick up your child at dismissal.

Student Name: _____ Grade: _____

My child will report to Bridges After Care at dismissal each day. In the event that my child is picked up from the school, the following individuals have permission to do so...

My child will be picked up each day by one of the following individuals...

Name

Contact Number

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____