

St Ignatius of Antioch PREP School Year 2019 –2020

Permission for other Adults to pick up my Child(ren) after PREP

(Please give one copy to each of your children’s teachers).

Child(ren)’s Name(s):

Grade:

Session:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I give my permission for the following adults to pick up my child from PREP classes at any point during the PREP school year: **(PLEASE PRINT)**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent’s Signature: _____

Date _____