



GREEN HILLS SCHOOL  
STUDENT PERMISSION NOTE

I give permission for my child to stay after school to receive assistance or enrichment from his/her teacher listed below.

Date Attending: \_\_\_\_\_

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

Student Grade/Homerm: \_\_\_\_\_

Staying with  
Teacher Name: \_\_\_\_\_

Subject Area: \_\_\_\_\_

I understand that I am expected to pick my child up at 2:43pm at the door in the back parking lot by the Library.

My child will be picked up by:

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



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