



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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