

School Pick-Up Slip/ Recoger de Escuela

PERMISSION SLIP FOR RELEASE OF CHILD TO AUTHORIZED PICK-UP

PAPEL PARA AUTORIZAR RECOGER ESTUDIANTE DE LA ESCUELA

Please complete this section for your child to be picked up by The Scholars Corner, LLC staff. Your child will not be released without proper identification of authorized pick-up.

Por favor complete esta sección para que su hijo/a pueda ser recogido por el personal de The Scholars Corner, LLC. Su hijo/a no será entregado/a sin identificación apropiada.

Child's Name/Nombre de Hijo/a: _____

School/Escuela: _____

Teacher/Maestra: _____ Grade Level

_____ Class _____

Authorized to be Picked-up by The Scholars Corner, LLC

Tutoring Center

On the following DAYS ONLY:

ATTENTION P.S. 7 TEACHERS: TSC Staff will meet children in the school yard by the entrance.

ATTENTION P.S. 89 TEACHERS: TSC Staff will meet children in the school auditorium.

(STAMP HERE)

Date of authorized pick-up/Fecha de Autorización: _____

Parent Signature/Firma del Padre: _____

Date/Fecha: _____