

WILSON WINTER SPORTS - PARENT PICK-UP PERMISSION SLIP

STUDENT(S) NAME: \_\_\_\_\_

**Circle all that apply:**

I WOULD LIKE TO PICK UP MY CHILD

I WOULD LIKE TO DROP OFF MY CHILD because an Appointment conflict.

MY CHILD WILL BE PICKED UP BY \_\_\_\_\_  
Name of person authorized to pick up

- FROM:       HOCKEY
- ICE SKATING
- ALPINE SKIING
- SNOWBOARDING
- CROSS COUNTRY SKIING

ON THE FOLLOWING DATES OF WINTER SPORTS: **Please circle all dates that apply.**

TUES. 1/14/2020      THURS. 1/16/2020      TUES. 1/21/2020      THURS. 1/23/2020

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL PRINCIPAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**IMPORTANT:**

This form must be filled in completely. It must have parent **and** principal signatures. It must be filled out and turned in the day **BEFORE** the Winter Sports date. You will be given a copy to show to the assigned Wilson School Teacher in order to pick up /drop off your child.