

Date:					
To Whom It May Concern:					
My child		in grac	le		_ from
(Child's name)			(Gr	ade)	
(Name of school)		school has	s permissio	•	o off/pick up ne or both)
	f	rom			preschool
(Preschool student's name)		(Na	me of scho	ol)	·
in	_ class.				
(Preschool teacher's name)					

I understand once they sign my child out of class and leave the preschool classroom, Granite District Preschool Services is not responsible for my child.

(Parent's signature)

(Date)