

Milford Public School
Request for Supervision at Dismissal from School
For Pupils in Grades Preschool to Grade 8
2018-2019

Parent's/Legal Guardian's Name _____

Phone Numbers: (H) _____ (C) _____

(W) _____

_____ My child(ren) is/are enrolled in the Aftercare program at Milford Public School

The following person(s) is/are designated to pick up my child(ren) **after school dismissal** in accordance with the terms of Board Policy 8601:

Child's Name/Grade _____ Teacher's Name _____

Child's Name/Grade _____ Teacher's Name _____

Child's Name/Grade _____ Teacher's Name _____

Child's Name/Grade _____ Teacher's Name _____

Escort: _____

Escort: _____

_____ My child may walk home without a parent or an escort to accompany him/her. My child is old and mature enough to go home without an escort.

Parent/Legal Guardian (print): _____

Parent/Legal Guardian Signature: _____ Date: _____