Warren
SEVENTH-DAY ADVENTIST SCHOOL
*Celebrating 30 years*
*1986-2016*

# Permission to Pick Up

Name of Student: _____

The following people are authorized to pick up my child(ren) from the Warren Seventh-day Adventist School.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

| _____ | _____ | _____ |
|---|---|---|
| Parent's Signature | Phone Number | Date |


(413) 436-9245 | WarrenSDASchool@comcast.net
1570 Southbridge Rd, W. Brookfield