Williamsburg
Northside
School

Athletic Dismissal Consent Form

Name of Student:_____
Grade:_____
Name of Parent/Guardian (print):_____

Athletic Dismissal Consent

I, the parent/guardian of the student named above, hereby give permission for my child to

☐ Be picked up by parent/guardian at North 7th Street door

_____ _____

Parent/Guardian Signature Date

☐ Be self-dismissed at the end of practice

_____ _____

Parent/Guardian Signature Date

PK–8 Campus
299 North 7th Street
Brooklyn, NY 11211
718.599.9600

Preschool Campus
152 North 5th Street
Brooklyn, NY 11211
718.599.7300

willnorth.org