

Dr. A.T. Leatherbarrow Primary School



122 School Street Hampton, NB E5N 6B2 506-832-6022

Alternate Transportation (Walk or Pick-Up) Afterschool School Year 2016-2017

Dear D.A.T.L. Parent

You have indicated that your child will walk with or will be picked up by someone, other than a parent, and will go to their home or afterschool centre. Please complete the following:

My child:	in Homeroom:
will wal	k with or is picked up by a childcare provider to:
SEEDS	
Go Go	
Other:	(Sitter's Name)
	(Address)
	(Telephone)
	(Telephone)
They will go w	ith the childcare provider on these days:
Signature:	Date: