

# JOHN DEWEY HIGH SCHOOL

THE NEW YORK CITY DEPARTMENT OF EDUCATION

50 Avenue X  
Brooklyn, New York 11223  
Telephone: 718-373-6400  
Fax: 718-266-4385



*Connie Hamilton*  
*Master Principal*

*Sarah Kaplan*  
*Master Assistant Principal*

---

## *2017 Summer Bridge Program Permission Slip*

Our Bridge program will run Monday July 31, 2017 through Thursday August 3, 2017 from 9 am to 1pm

Parent Name \_\_\_\_\_

Student Name \_\_\_\_\_

Student Address \_\_\_\_\_

Student OSIS Number \_\_\_\_\_

Parent Phone Number \_\_\_\_\_

Emergency Number \_\_\_\_\_

Emergency Name \_\_\_\_\_

I give my child permission to attend the 2017 Summer Bridge Program

Parent Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Please fax back to 718-266-4385 or email [kgattuso@schools.nyc.gov](mailto:kgattuso@schools.nyc.gov)