

# JOHN DEWEY HIGH SCHOOL

THE NEW YORK CITY DEPARTMENT OF EDUCATION



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*Connie Hamilton*  
*Master Principal*

*Sarah Kaplan*  
*Master Assistant Principal*

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## *2018 Summer Bridge Program Permission Slip*

Our program will run Monday, July 23, 2018 through Thursday, July 26, 2018 from 9am to 1pm.

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

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

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

Student Osis Number \_\_\_\_\_

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

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

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

I give my child permission to attend the 2018 Summer Bridge Program.

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

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

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