

Saint Louis of France School
13901 East Temple Avenue, La Puente, California 91746
Office (626) 918-6210 Fax: (626) 918-9549

Dismissal Permission Slip 2018-2019

FAMILY NAME (PRINT): _____

I hereby give permission for my child/children to leave school in the following manner afterschool and/or following an after school activity.

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

Check all that apply:

Drive-through line with parent/s, guardian or authorized persons listed below

Walk home without adult supervision (Grades 6 through 8 only)

Walk home with adult supervision (Grades TK through 5)

Attend Daycare

I authorize the following persons to pick-up my children after school and/or following an afterschool activity.
(If more space is necessary please list on back)

Name:	Relationship	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Parent/Guardian Signature: _____

Date: _____