

 **La Purísima Concepción**
Catholic School
An Advantage for Life
2018-2019

DISMISSAL AUTHORIZATION FORM

PLEASE FILL OUT **ONE FORM FOR EACH CHILD** AND RETURN TO SCHOOL BY THE FIRST DAY OF ATTENDANCE.

STUDENT NAME _____ GRADE _____

_____ MY CHILD MAY BE PICKED UP AT HIS/HER CLASSROOM BY THE FOLLOWING PEOPLE:

NAME _____ RELATION _____ TEL#: _____

NAME _____ RELATION _____ TEL#: _____

NAME _____ RELATION _____ TEL#: _____

NAME _____ RELATION _____ TEL#: _____

_____ MY CHILD SHOULD WALK TO THE I STREET BUS STOP - MON TUE WED THUR FRI **

_____ MY CHILD SHOULD WALK HOME - MON, TUE, WED, THUR, FRI **

_____ MY CHILD SHOULD TAKE THE BUS HOME - MON, TUE, WED, THURS, FRI **

_____ MY CHILD SHOULD RIDE HIS/HER BIKE HOME - MON, TUE, WED, THUR, FRI **

_____ MY CHILD **MAY NOT** BE PICKED UP BY THE FOLLOWING PEOPLE.

I have attached a copy of the court order to that effect.

NAME _____ RELATION _____ TEL # _____

NAME _____ RELATION _____ TEL # _____

I understand that no child may walk to the parking lot to wait for parental pick-up.

PARENT SIGNATURE _____ DATE _____

SPECIAL NOTES TO THE OFFICE: