

Saint John Academy Catholic School

DISMISSAL PARENTAL PERMISSION FORM

Family Name: _____

Student Name:

Grade: (Please specify 1A, 1B, 4A, 4B)

My child/children will be going home after school in the following manner:

___ walker days of the week _____

___ Extended Day days of the week _____

___ Car rider days of the week _____

You must notify the school office prior to emergency releases (any change from normal pickup), or any change in carpool arrangements. An email or a written note must be sent to your student's teacher and cc. to the school nurse for any afternoon play dates or for any changes to normal afternoon pick up routine. My child/children is allowed to go home with the following carpool or emergency pickup family names:

CARPOOL Family Name

Emergency Family Name

Parent Signature _____ Date _____

Please return this form to school by Wednesday, August 29, 2012