

# ST. JOSEPH SCHOOL

## PERMISSION FOR STUDENT DISMISSAL

STUDENT NAME \_\_\_\_\_

HOW CHILD IS TO BE DISMISSED:

ST. JOSEPH BUS \_\_\_\_\_ (YMCA \_\_\_\_\_ ICC \_\_\_\_\_ St. Michael \_\_\_\_\_ St. Anthony \_\_\_\_\_)

GARRETT BUS \_\_\_\_\_

CAR RIDER \_\_\_\_\_

WALKER \_\_\_\_\_

I GIVE PERMISSION TO THE FOLLOWING PEOPLE TO PICK UP MY CHILD FROM SCHOOL:

NAME	PHONE	RELATIONSHIP TO CHILD
------	-------	-----------------------

1. _____	_____	_____
----------	-------	-------

2. _____	_____	_____
----------	-------	-------

3. _____	_____	_____
----------	-------	-------

4. _____	_____	_____
----------	-------	-------

ALLERGIES/ MEDICAL CONCERNS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_