

ST. JOSEPH SCHOOL

PERMISSION FOR STUDENT DISMISSAL

STUDENT NAME _____

HOW CHILD IS TO BE DISMISSED:

CAR RIDER _____

WALKER _____

ST. JOSEPH BUS

Garrett School _____ YMCA _____ ICC _____ St. Michael _____ St. Anthony _____

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

NAME	PHONE	RELATIONSHIP TO CHILD
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1. _____	_____	_____
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2. _____	_____	_____
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3. _____	_____	_____
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4. _____	_____	_____
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ALLERGIES/ MEDICAL CONCERNS: _____
