STUDENT PERMISSION SLIP	Student Name	last name	first name	Grade	
	schoo	last name 		date 🛱	
		received by			
	Dear		school admin		
	please allov	vstudent's first and	last names		_
		d up on at a t w Th F			
	to be pieke	date o	f absence	time	_
	Please tell	tea	chers and faculty to be notil	îed	
	() student will n	ot be returning () studen	t will return at 🕑		
				time	
Píck up ínfo	By parent				
- 1 (
	·				
Purpose	() doctor/dentis	et appointment () after sc	hool nick up	port/club activity	
		t appointment value 30			
Specific					
Instructions					
Approx (ad by					
Approved by		ermission for the above activ			ture on a
Approved by		ermission for the above activ t sheet in addition to this no			cure on a
Approved by	physical sign ou		te during school ho	urs.	cure on a
Approved by	physical sign ou	t sheet in addition to this no	te during school ho	ny questions.	cure on a
Approved by	physical sign ou Please contact r	t sheet in addition to this no	te during school ho	urs.	cure on a
Approved by	physical sign ou Please contact r parent/guardian	t sheet in addition to this no	te during school ho	ny questions.	cure on a
Approved by	physical sign ou Please contact r parent/guardian printed name	t sheet in addition to this no	te during school ho	ny questions.	cure on a
Approved by	physical sign ou Please contact r parent/guardian	t sheet in addition to this no	te during school ho	ny questions.	cure on a
Approved by	physical sign ou Please contact r parent/guardian printed name	t sheet in addition to this no	te during school hou	ny questions.	cure on a
Approved by	physical sign ou Please contact r parent/guardian printed name	t sheet in addition to this no	te during school hou	ny questions.	cure on a
	physical sign ou Please contact r parent/guardian printed name	ne directly at the following not the following n	te during school hou	ny questions.	cure on a