STUDENT PERMISSION SLIP

Student Name _____ **Grade** _____
last name   first name

school _____ date ⊞ _____

Office   received by _____ date received ⊞ _____

Dear _____
school admin

    please allow _____
student's first and last names

    to be picked up on ⊞ M T W Th F _____ at ⏱ _____
date of absence   time

Please tell _____
teachers and faculty to be notified

◯ student will **not** be returning   ◯ student will return at ⏱ _____
time

- -

Pick up info

◯ **By parent** _____ ✆ _____

◯ **By other** _____ ✆ _____

- -

Purpose

◯ doctor/dentist appointment   ◯ after school pick up   ◯ sport/club activity

◯ other _____

- -

Specific Instructions

_____

_____

_____

- -

Approved by

This serves as permission for the above activity. I understand that this may require signature on a physical sign out sheet in addition to this note during school hours.

Please contact me directly at the following number if there are any questions.

_____ date ⊞ _____

parent/guardian/caregiver signature

_____

printed name

✆ _____ _____
                    e-mail

student permission slip

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