

St. John Academy

DISMISSAL PARENTAL PERMISSION FORM

Family Name: _____

Student Name: _____ Grade: (Please specify KA or KB) _____

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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 _____

My child/children is allowed to go home with the following carpool or emergency pickup family names. You **must notify the school office prior to emergency releases (any change from normal pickup), or any change in carpool arrangements:**

CARPOOL

Emergency

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Parent Signature _____ Date _____

Please return this form to school by Wednesday, August 31, 2011