

# Saint James the Apostle School

## DISMISSAL PROCEDURES

COMPLETE AND RETURN FORM TO THE OFFICE BY MID-SEPTEMBER - ONE PER FAMILY

### PICK-UP PERMISSION

Family's Last Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

I, \_\_\_\_\_, authorize the following person(s) to pick up my child / children  
*Parent / Guardian Name (PLEASE PRINT)*

from school. \_\_\_\_\_

Parent / Guardian Signature

<b>Nam</b>	<b>Phone Number</b>	<b>Relationship</b>

### WALKERS - During and After School Procedures

Your child / children need permission to walk off of the school property during the school year when they may take walks with their class around the neighborhood. Your child / children also need permission to walk off of the school property after dismissal. We are requesting that check the boxes that apply and sign below. If you do not sign this part of the form your child / children will be held in the Safety Zone area with the other students.

#### Check all that apply.

My child / children have permission to take walks with the class.

My child / children have permission to walk off of the school property after dismissal.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_