

Philadelphia Christian School

Dismissal Permission Slip

Parent Information:

Mr/Mrs/Miss/Ms _____
First Name Last Name

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

The following people have my permission to pick up my child/children from school.

1. _____
Name of Person Relationship to Child/ren

2. _____
Name of Person Relationship to Child/ren

3. _____
Name of Person Relationship to Child/ren

4. _____
Name of Person Relationship to Child/ren

5. _____
Name of Person Relationship to Child/ren

Parent/Guardian Signature

Date