MCE PARENT/GUARDIAN PERMISSION SLIP

Support Pittsford PTSA

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SUBMIT TO TEACHER ONLY ON DAY OF EVENT

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Date:	Date:
Teacher:	Teacher:
Student:	Student:
(first and last)	(first and last)
Parent/Guardian Name:	Parent/Guardian Name:
Parent/Guardian Signature:	Parent/Guardian Signature:
Daytime Phone:	Daytime Phone:
DISMISSAL	DISMISSAL
☐ Will be walking/riding bike home	☐ Will be walking/riding bike home
☐ Will be picked-up atAM/PM	☐ Will be picked-up atAM/PM
Person Picking up:	Person Picking up:
Reason for:	Reason for:
☐ Will ride assigned bus #	☐ Will ride assigned bus #
☐ Will attend after school activity:	☐ Will attend after school activity:
*************	************
Please fill out BOTH sections	Please fill out BOTH sections
Date:	Date:
Teacher:	Teacher:
Student:	Student:
☐ Will be walking/riding bike home	☐ Will be walking/riding bike home
☐ Will ride assigned bus #	☐ Will ride assigned bus #
☐ Will be picked up atAM/PM	☐ Will be picked up atAM/PM
☐ Will attend after school activity:	☐ Will attend after school activity:

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