

**MCE PARENT/GUARDIAN PERMISSION SLIP**

Support Pittsford PTSA

**\*SUBMIT TO TEACHER ONLY ON DAY OF EVENT\***

Date: \_\_\_\_\_

Teacher: \_\_\_\_\_

Student: \_\_\_\_\_  
(first and last)

Parent/Guardian Name: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_

**DISMISSAL**☐ Will be walking/riding bike home☐ Will be picked-up at \_\_\_\_\_ AM/PM

Person Picking up: \_\_\_\_\_

Reason for: \_\_\_\_\_

☐ Will ride assigned bus # \_\_\_\_\_☐ Will attend after school activity: \_\_\_\_\_

\*\*\*\*\*

**Please fill out BOTH sections**

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