

MCE PARENT PERMISSION SLIP

Support Pittsford PTSA

Date: _____

Teacher: _____

Student: _____
(first and last)

Parent/Guardian Name: _____

Parent Signature: _____

Daytime Phone: _____

ARRIVAL

Is returning to school after an absence of _____ days
due to _____

Is late due to _____

DISMISSAL

Will be walking/riding bike home(4th & 5th grade only) _____

Will be picked-up at _____ AM/PM by

Reason for: _____

Will attend after school activity: _____

Will ride home on late bus # _____



FOR TEACHER USE (parents please complete)

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