

## AFTER SCHOOL PERMISSION FORM

I, \_\_\_\_\_, **GIVE** permission for \_\_\_\_\_  
(Printed name of parent/guardian) (Printed name of child)

to do the following: *(please check all that apply)*

- ☐ be dismissed to play outside
- ☐ walk home alone from Phil & Jennie Gaglardi Academy
- ☐ take siblings from their classroom. Their names are \_\_\_\_\_
- ☐ drive home with: *(name of person)* \_\_\_\_\_
- ☐ be picked up by: *(name of person)* \_\_\_\_\_

This permission is valid from \_\_\_\_\_ to the end of the school year, 20\_\_\_\_.  
(Today's date)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of parent/guardian)

Phone \_\_\_\_\_