



PERMISSION SLIP

Class: _____

Place: _____

Date: _____

Time: _____

School will begin and end at the usual time. I understand that my child will be in a seatbelt, and car seat if required, while in the car and that all chaperones will have a seatbelt for each child.

Child's Name: _____

Signature of Parent or Guardian: _____

Printed Name of Parent or Guardian: _____

Date: _____