



**Saint Louis of France School**  
13901 East Temple Avenue, La Puente, California 91746  
Office (626) 918-6210 Fax: (626) 918-9549

## Dismissal Permission Slip

Family Name (print): \_\_\_\_\_

I hereby give permission for my child/children to leave school in the following manner afterschool and/or following an after school activity.

- |                        |              |
|------------------------|--------------|
| 1. Student Name: _____ | Grade: _____ |
| 2. Student Name: _____ | Grade: _____ |
| 3. Student Name: _____ | Grade: _____ |
| 4. Student Name: _____ | Grade: _____ |

Check all that apply:

- \_\_\_\_\_ Drive-through line with parent(s), guardian or authorized persons listed below
- \_\_\_\_\_ Walk home without adult supervision (Grades 6 through 8 only)
- \_\_\_\_\_ Walk home with adult supervision (Grades TK through 5)
- \_\_\_\_\_ Attend Daycare

I authorize the following persons to pick-up my children after school and/or following an afterschool activity.  
*(If more space is necessary please list on back)*

Name:	Relationship:	Telephone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

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

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