



Permission to Leave Class Form

*(Please complete and return this form
to St. Mary Religious Education Office
on or before the first day of PSR.)*

Student _____

Grade _____ (Child must be 4 years old by June 30.)

Emergency Contact

Name _____

Phone _____

Student will:

_____ be picked up after class **at the classroom door** by a parent/ legal guardian.

_____ be picked up after class at the classroom door **by a sibling.**

Name of siblings: _____

_____ be sharing a ride home with another PSR family and will be picked up at the classroom door by the following adult who will be responsible for the transportation: _____

_____ My child has my permission to **leave the classroom WITHOUT a parent, legal guardian or other responsible adult present.**

X _____

Parent/Guardian Signature

Relationship to Child

Date