

SIGN OUT PERMISSION & EMERGENCY CONTACT

STUDENT'S NAME _____ GRADE 6

Student lives with: (Please circle) Mother Father Both Other

Mother's Name

Father's Name

Work Phone: _____

Work Phone: _____

Cell/Beeper/Pager: _____

Guardian's Name (If "Other") _____

Work Phone: _____

Address: _____

Home Phone: _____

The following persons have permission to sign my child out of school:

Name & Number

Parents Email Address _____

Parent/ Guardian Signature: _____

Date: _____

Comments: