 **2018-2019**

 PERMISSION TO LEAVE SCHOOL CAMPUS

(ADMINISTRATION MAY REVOKE THESE PRIVIALEGES AT ANYTIME!)

**Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To be filled out by the Student’s Parent or Guardian.

1. REQUEST TO LEAVE SCHOOL CAMPUS

I would like to give my permission for my child to leave school campus.

Please indicate the time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. REASONS FOR LEAVING CAMPUS

\_\_\_\_Lunch Break \_\_\_\_\_Other

1. PLACES ALLOWED TO WALK TO
2. FREQUENCY

\_\_\_\_\_Every Day \_\_\_\_\_\_For Today Only

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/ Guardian Signature of Parent/Guardian

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cross Creek Christian School Employee Witness Signature Date

AdditionalNotes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_