

ST ANGELA NURSERY SCHOOL

Dismissal Permission Form

This form is to be used when student is to be picked up by a different pick up person

My son/daughter: _____

Kindergarten: _____

Teacher: _____

Days and Dates when to be picked up by a different pick up person upon regular dismissal time:

S/he will be picked up by: _____

holding I.D. number: _____

Signature of Parent/ Guardian: _____

I.D. No. of Parent/ Guardian: _____

Telephone/ Mobile No.: _____