## MCE PARENT PERMISSION SLIP

Support Pittsford PTSA

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Date:	Date:
Teacher:	Teacher:
Student:	Student:
(first and last) Parent/Guardian Name:	(first and last) Parent/Guardian Name:
Parent Signature:	Parent Signature:
Daytime Phone:	Daytime Phone:
ARRIVAL	ARRIVAL
☐ Is returning to school after an absence ofdays	☐ Is returning to school after an absence ofdays
due to	due to
☐ Is late due to	☐ Is late due to
DISMISSAL	DISMISSAL
☐ Will be walking/riding bike home(4 <sup>th</sup> & 5 <sup>th</sup> grade only)	☐ Will be walking/riding bike home(4 <sup>th</sup> & 5 <sup>th</sup> grade only)
☐ Will be picked-up atAM/PM by	☐ Will be picked-up atAM/PM by
Reason for:	Reason for:
☐ Will attend after school activity:	☐ Will attend after school activity:
☐ Will ride home on late bus #	☐ Will ride home on late bus #
FOR TEACHER USE (parents please complete)	FOR TEACHER USE (parents please complete)
Date:	Date:
Student:	Student:
☐ Will be walking/ riding bike home(4 <sup>th</sup> & 5 <sup>th</sup> grade only)	☐ Will be walking/ riding bike home(4 <sup>th</sup> & 5 <sup>th</sup> grade only)
□ Will be picked up atAM/PM	☐ Will be picked up atAM/PM
☐ Will attend after school activity:	☐ Will attend after school activity:
□ Will ride home on late hus #	□ Will ride home on late hus #