

2018-2019  
Student Dismissal Authorization  
**Grades Kindergarten through 8th**  
Our Lady of Mount Carmel Parish School

At dismissal time, Our Lady of Mount Carmel Parish School will abide by your wishes with regard to the safe dismissal of your son/daughter from our campus.

Child's Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Please check your preference(s) below. If you check more than one, please number your preferences in order of priority. By my signature below, I hereby grant permission for my child(ren):

\_\_\_\_\_ To walk home without adult supervision. I understand that Our Lady of Mount Carmel Parish School and its staff are not responsible for my child's safety after leaving Our Lady of Mount Carmel School property.

\_\_\_\_\_ To walk home with adult supervision. Please list below who your child is permitted to walk home with.

\_\_\_\_\_ To ride the RTA bus home.

\_\_\_\_\_ To go to the Extended Day program.

\_\_\_\_\_ To be picked up at 3:10 p.m. by parent or pre-approved contact listed below. Any child who is not picked up by 3:10 p.m. will be sent the Extended Day Program.

Please fill out the name of the authorized person (18 and over) or pre-approved contact for whom your child is permitted to leave Our Lady of Mount Carmel Parish School with:

| Name     | Relationship to Child |
|----------|-----------------------|
| 1. _____ | _____                 |
| 2. _____ | _____                 |
| 3. _____ | _____                 |
| 4. _____ | _____                 |

Parent/guardian name (print) \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_

Best reachable number \_\_\_\_\_ Date \_\_\_\_\_