

Brookfield-LaGrange Park School District 95



Student Removal from School Permission Form

My child, _____, has my permission to leave school with the individual named below on _____. I understand that the driver's license of the individual picking him/her up must be shown to school personnel before he/she will be permitted to leave school. I further understand that this permission is valid only for the date specified.

- First and last name of student _____ Grade _____
- Date of authorized removal from school _____ / _____ / _____ Time _____
- Name of person who is authorized to remove my child from school:

Signature of parent _____

You must fill out and submit 3 (three) copies of this form!