



The Massachusetts School of
Science, Creativity and Leadership

DISMISSAL PERMISSION

Student Name: _____ Teacher: _____

Student Name: _____ Teacher: _____

Student Name: _____ Teacher: _____

My child(ren) may be dismissed by: Walking Car Bicycle

My child(ren) may be dismissed to the following adults other than parents/guardians **without** prior written authorization:

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

Signature of Parent/Guardian

Date

Updated 8/24/16