

CHANCELLOR MIDDLE SCHOOL PERMISSION SLIP

EVENT: _____

DATE: _____ **TIME:** _____

SPONSORED BY: _____

BEST PHONE # TO REACH YOU: _____

**(PLEASE DETACH AND SEND THE BOTTOM PORTION BACK TO
TEACHER)**

I, _____, give permission for
(Parent Name)

my child, _____, to attend
(Student Name)

the following event, _____ on

_____.

(Month, Day, Year)

**IF ARRIVING BACK TO SCHOOL AFTER DISMISSAL, WHO WILL
PICK YOUR CHILD UP:**

(Name)

(Parent Signature)

(Date)