2255 Pine Street Sandpoint, ID 83864 Tel: (208)263-3584 Email: school@sjasda.org

www.sjasda.org



## **RIDE PERMISSION SLIP**

Student's Name: \_\_\_\_\_

leave the school at any time during normal so permission from their teachers AND authoriza	ny operates a closed campus. Students may not be permitted to chool hours without a written request from their parents, ation from the administration. This covers the time period from ous until they leave for home after school is dismissed.
In accordance with our school policy and insurance regulations, no student will be allowed to leave with anyone other than their parent except for persons listed below.	
	ot and will not screen drivers of those listed on ne directives. Full responsibility lies with the parent or
Please list those whom your student(s) may le	eave campus with after school:
If you are the custodial parent, may the other yesno	r parent also give permission in your absence?
If yes, please list the name of the other parer	nt:
	e another responsible party you will allow us to take and phone number. <b>Staff cannot be named as a ent.</b>
Name and Relationship	Phone/Cell Number(s) - include area codes
PLEASE SIGN	
Date	Signed: Parent or Legal Guardian
Cell Number(s)	Home or Work Phone
"I can do all things through	Christ who strengthens me." (Philippians 4:13)