

Students Leaving School Grounds During Lunch

Student(s) Name:	
Teacher Name:	
Grade:	
I give permission for Cooper's Cr	ossing School to release my child(ren) to walk
home independently for lunch.	I confirm that they will sign out at the office
before leaving the school ground	ds.
Once my child(ren) have returne	ed to school after the lunch break, they will sign in
at the office.	
Parent(s) Signature:	
Please Print Parent Name:	
Data	
Date: _	