## **PERMISSION FOR LEAVING SCHOOL**

Name of student(s)

**NOTE: Please list both parents/guardians if applicable.**

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| --- | --- | --- | --- |
| **Name** | **Address** | **Phone** | **Relationship** |
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I consent that my child/ren may leave school only with the people listed above, and that this list may be changed only in writing by the child/ren’s parent/guardian.

PARENT/GUARDIAN SIGNATURE DATE

# **Activities and Transportation Consent**

I consent that my child/ren, listed above, may engage in all activities forming a part of the Hot Springs Adventist School including, but not limited to, trips or activities at places selected by the Principal or a member of the staff. I also consent to the transportation of my child by such means of as is deemed necessary by the school or a duly authorized member of the staff.

PARENT/GUARDIAN SIGNATURE DATE

Hot Springs Adventist School, 401 Weston Road, Hot Springs, AR 71913