2255 W Pine Street Sandpoint, ID 83864 Tel (208)263-3584 Fax (208)263-8683 school@sjasda.org sjasda.org

Student's Name: _____



RIDE PERMISSION SLIP

leave the school at any time during normal permission from their teachers AND author	emy operates a closed campus. Students may not be permitted to school hours without a written request from their parents, rization from the administration. This covers the time period from mpus until they leave for home after school is dismissed.
In accordance with our school policy and ir anyone other than their parent except for p	nsurance regulations, no student will be allowed to leave with persons listed below.
	not and will not screen drivers of those listed on none directives. Full responsibility lies with the parent or
Please list those whom your student(s) ma	y leave campus with after school:
TC Us	
yesno	her parent also give permission in your absence?
If yes, please list the name of the other par	rent:
	ere another responsible party you will allow us to take ne and phone number. Staff cannot be named as a udent.
Name and Relationship	Phone numbers (including area codes)
PLEASE SIGN	
Date	Signed: Parent or Legal Guardian
Cell numbers	Home/Work phone