

ST. PETER LUTHERAN SCHOOL  
ARLINGTON HEIGHTS, IL

**PARENT PERMISSION FORM**

Parents' Name \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

**PERMISSION FOR RELEASE**

There might be times when I am not able to pick up my child(ren). I do hereby authorize St. Peter Lutheran School to release my child(ren) to the following people I have listed below:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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**RELEASE PROTECTION**

Our policy is that children be released ONLY to the parent or the person named by the parent above at any time during the school day to or from school or Extended Care. If there is a special need in your situation for someone not to have release permission (divorce, custody, separation, etc.) you are required to complete below so that we can better partner with you in this supervision.

May not be picked up by \_\_\_\_\_  
\_\_\_\_\_

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**PUBLIC RELATIONS RELEASE**

I/we grant St. Peter Lutheran School permission to use any picture or activity videos with our child(ren) in its promotion and public relations use (newspaper, web site, local TV, brochures, etc.). I understand the name of my child(ren) will not be associated with their picture without permission.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FIELD TRIP CONSENT**

This is to verify that my child(ren) enrolled in St. Peter Lutheran School has my permission to accompany the class on all school sponsored trips held during the current school year. I understand that my child will be notified of each field trip planned. I further understand my child(ren) will travel by walking, bus or car.

Signature \_\_\_\_\_ Date \_\_\_\_\_