

**Visitation Inter-Parish School**  
**BEFORE AND AFTER SCHOOL CARE**  
(only when Maries R-1 buses are not running)  
**PERMISSION SLIPS**  
**2010 - 2011**

Please fill this form out if there is a possibility you will need before and/or after school care for your child(ren) anytime during the 2010-2011 school year. Thank you.

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First and last name(s) of student(s)

Time you will drop off and/or pick up student(s) \_\_\_\_\_ (7:15 – 8:00 a.m.)

\_\_\_\_\_ (3:10 – 5:00 p.m.)

Please list parent(s) and adult(s) allowed to drop off and/or pick up students.

**Name:** \_\_\_\_\_

work phone: \_\_\_\_\_

cell phone: \_\_\_\_\_

home phone: \_\_\_\_\_

**Name:** \_\_\_\_\_

work phone: \_\_\_\_\_

cell phone: \_\_\_\_\_

home phone: \_\_\_\_\_

**Name:** \_\_\_\_\_

work phone: \_\_\_\_\_

cell phone: \_\_\_\_\_

home phone: \_\_\_\_\_

**Name:** \_\_\_\_\_

work phone: \_\_\_\_\_

cell phone: \_\_\_\_\_

home phone: \_\_\_\_\_

**Name:** \_\_\_\_\_

work phone: \_\_\_\_\_

cell phone: \_\_\_\_\_

home phone: \_\_\_\_\_

**Name:** \_\_\_\_\_

work phone: \_\_\_\_\_

cell phone: \_\_\_\_\_

home phone: \_\_\_\_\_

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work phone: \_\_\_\_\_

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**Name:** \_\_\_\_\_

work phone: \_\_\_\_\_

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home phone: \_\_\_\_\_