



**Guardian Angel/St. Boniface School**  
PO Box 48  
Colton, WA 99113-0048  
(509) 229-3579

## PERMISSION FORM

Event: \_\_\_\_\_

Location: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

We will depart from school at \_\_\_\_\_ am/pm and arrive back at school around \_\_\_\_\_ am/pm.

Please detach and keep the upper portion and return the lower portion of the form to school as soon as possible. Thank you!

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Event: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_

The undersigned parent/legal guardian gives permission for my child to attend and participate in the above-described event.

Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
signature

### TRANSPORTATION INFORMATION

I (can/cannot) drive (please circle one). My car has \_\_\_\_\_ (number) of seat belts for students. All passengers will be belted in.

Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
signature