



Holy Cross High School

5035 ROUTE 130 SOUTH • DELRAN, NJ 08075-9798 TEL: (856) 461-5400 FAX: (856) 764-0806

PARENTAL PERMISSION FORM SCHOOL YEAR 20__/20__

I authorize Holy Cross High School to release my son/daughter to drive home if and when he/she is ill.

I understand that the school nurse or designated school representative will notify me by phone that my child needs to leave school due to illness, or any other reason deemed necessary by the parent. My child will drive him/herself home or to the destination requested by the parent.

Student
Name _____ Grade /Homeroom _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

Home Telephone Number _____

Work Telephone Number _____

Parent/Guardian Requests/Directives (as needed):