



**Carolina Christian School  
Dismissal Permission Slip**

I, \_\_\_\_\_, give permission for my child,  
\_\_\_\_\_, to leave school grounds  
unescorted or with a sibling, \_\_\_\_\_ (sibling's  
name).

I understand that my child will, therefore, be permitted to leave the school premises. As a result, I am assuming full responsibility for my child's safety since no one from the school will know where my child went after he/she leaves the school premises.

I also understand the school calendar, which indicates early dismissal days, is disseminated on the website. I understand that I will need to inform the school if I do not want my child to be dismissed unescorted or to a sibling on scheduled early dismissal delays or during emergency early dismissal days.

I understand and agree that the Carolina Christian School Board, its officers, agents and employees are not responsible, nor does the Board assume liability for any injuries, losses or damages related to and/or resulting from my decision to have my child leave school grounds unescorted. As such, I am accepting full responsibility for any injury, loss or damage which may occur in connection with the release of my child from school grounds unescorted. I hereby indemnify, release and hold the Board, its officers, agents and employees harmless from any liability loss damage claims or actions including reimbursement of reasonable attorney's fees, that may arise out of and in connection with my decision to authorize my child to leave school grounds unescorted.

This notice shall be valid for the entire school year, unless I advise the Head of School in writing otherwise.

If the child has more than one parent/legal guardian with legal custody of the child, both shall sign this release form, and the reference to "I" or "my" shall refer to each parent/legal guardian signing the form.



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A separate form must be completed for each child.

\_\_\_\_\_

Print Name of Student

\_\_\_\_\_

Print Name of Parent/Legal Guardian

\_\_\_\_\_  
Print Name of Parent/Legal Guardian

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

Signatures:

\_\_\_\_\_  
Witness\* Dated

\_\_\_\_\_  
Parent/Legal Guardian- Dated

\_\_\_\_\_  
Witness\* Dated

\_\_\_\_\_  
Parent/Legal Guardian- Dated

\*Must be witnessed by an adult who is not a school employee.