



PERMISSION TO LEAVE

W K N D M E R G E

Student Name: _____ Grade: _____

Reason for Leaving: _____

Day & Time of Departure: _____ | Day & Time of Arrival: _____

Day & Time of Departure: _____ | Day & Time of Arrival: _____

Day & Time of Departure: _____ | Day & Time of Arrival: _____

Parent/Guardian Signature: _____ Student Pastor Initials: _____