



122 Schiller Street. Buffalo, NY 14206. Phone : 314-680-8292

**Permission Slip for Pick Up**

**To Whom It May Concern**

I, .....am parent or guardian of ..... (name of student) giving my permission to the person/persons listed below to pick up my son/daughter from the Al-Manar Academy at dismissal time.

(1) Name .....

Phone .....

Relationship .....

(2) Name .....

Phone .....

Relationship .....

**Important note for Parent/Guardian:**

- \*Please provide photo ID for the listed above person/persons.
- \*Permission slip must be filled out for each student.
- \* Al-Manar Academy/Al-Manar Foundation Inc. will be not responsible for any legal liabilities.

Signature of parent or guardian: .....

Date: .....