

# PERMISSION TO LEAVE CAMPUS AFTER SCHOOL

For Elementary Students at DCS Montessori Charter School

To: DCS Montessori Charter School

From: \_\_\_\_\_

I give my permission for my children listed below to leave school campus on their own at dismissal. I am the authorized parent / legal guardian of all children listed below. This permission is granted until it is rescinded.

I understand that my children will not be able to call me using the school phone at dismissal and that we need to make all arrangements before the school day begins. I further understand I should have plans in place for various weather issues that may arise. I agree that once my child is dismissed, DCS Montessori has no responsibility for their care and safety.

\_\_\_\_\_  
Student First and Last Name

\_\_\_\_\_  
Current Teacher

\_\_\_\_\_  
Student First and Last Name

\_\_\_\_\_  
Current Teacher

\_\_\_\_\_  
Student First and Last Name

\_\_\_\_\_  
Current Teacher

\_\_\_\_\_  
Student First and Last Name

\_\_\_\_\_  
Current Teacher

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date Signed

Deliver this completed form to the DCS Montessori Charter School Front Office at 311 Castle Pines Parkway, Castle Pines, CO 80108