

**SACRED HEART RELIGIOUS EDUCATION CENTER  
620 VALLEY BROOK AVE  
LYNDHURST, NJ 07071**

**STUDENT UNSUPERVISED DISMISSAL PERMISSION SLIP**

TO: SACRED HEART RELIGIOUS EDUCATION

Please be on notice that I, \_\_\_\_\_, parent/guardian  
(print parent name)

of \_\_\_\_\_, give him/her permission to leave  
(print your child's name)

school without adult supervision for the school year 2020-2021.

Thank you.

\_\_\_\_\_  
(parent/guardian signature)

Dated: \_\_\_\_\_