



Reaching. Growing. Changing.

BFA Pre-School Children Permission Slip

I, (parent's name) _____ give (BFA teacher's name), _____
permission to sign out my child (child's name) _____ from (pre-
school teacher's name) _____ from Room _____.

CLASS(ES) Student is taking: _____

Day: _____ *Time:* _____

Parent's Name print): _____

Parent's signature: _____

Today's Date: _____

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