



EGOLE INTERNATIONALE
DE NEW YORK

2016-2017
INDEPENDENT ARRIVAL/DEPARTURE
AUTORISATION D'ARRIVÉE ET DE SORTIE INDÉPENDANTE

STUDENT NAME: _____ GRADE: _____

PARENT NAME: _____ CONTACT #: _____

PARENT NAME: _____ CONTACT #: _____

The student listed above is allowed to arrive and/or leave according to the schedule outlined below. We understand that EINY is responsible for our child only when he/she is on school ground. My child has permission to arrive and/or leave school on the following days at the times indicated:

	ARRIVAL Between 8:05-8:15am		DEPARTURE Please indicate time	
	YES	NO	YES	NO
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

Parent signature _____ date: _____