WOMEN'S CAMPUS

PARENTAL PERMISSION FORM

Name of Student:_____________________________________
ID Number: _________________________________________
Home Phone Number: _________________________________
Mobile Number: ______________________________________

Father/Mother/Guardian Contact Information:
Telephone # (Home): _________________________________
(Office): _________________________________

Type of Permission: (Please circle the appropriate number and indicate the
details if #2 has been selected)

1. **Permission is granted** to leave the campus before the end of
classes **without specific approval**.

2. Permission is granted to leave the campus **for certain
destinations only and for specific purposes**.
   a. __________________________________________________
   b. __________________________________________________
   c. __________________________________________________

3. Permission granted **ONLY** for Medical Emergencies.

4. Specific permission granted **ONLY AFTER** contact with the parents
   (mother/father) and/or guardian (circle one or both).

5. **NO** permission granted under any circumstances.

   (Name of Student) ________________________________ is my daughter. My decision
   regarding the type of permission is indicated above.

   ____________________________________  ________________________________
   (Printed Name of Parent/Guardian)      (Signature and Date)