

**Holy Cross Lutheran School
Drop Off/Pick Up Form**

The following persons, upon showing photo identification, are authorized to drop off and/or pick up my child, _____, from preschool:

Drop Off:

Pick Up:

Parent signature _____ Date _____

**Holy Cross Lutheran School
Roster Consent Form**

I give permission to include my name and that of my child, along with our phone number on the student roster. Please write as you would like it to appear.

Child's name _____

Parent name _____ Phone _____

Parent signature _____ Date _____

Holy Cross Lutheran School
4260 Rocky River Drive
Cleveland OH 44135
216.941.2770

TRANSPORTATION PERMISSION FORM

I hereby grant permission for my student, _____
to be transported to any and all field trips that may be scheduled by Holy Cross
Lutheran Pre-Kindergarten in the 2019-2020 academic year.

Signed: _____ Date: _____