

Franklin Public Schools
Lifelong Learning Institute
Solutions Extended Day

Consent Form for Child to Leave Solutions
Program for Other In-School Activity

2019/2020 School Year

I, _____ authorize my child, _____
to leave the program to go to, _____.

This permission is in effect from _____ to _____.

Activity Location: _____

Please circle one:

Child Transported By: Parent/Guardian Solutions

Leave Time: _____

Will child return to Solutions after activity? YES NO

Return Time: _____

Please check one:

Child Transported Back To Program By:

- Solutions should pick up my child at the activity location
- Someone from the activity will walk my child back to Solutions

Restrictions:

I understand that Solutions has the right to rescind the above privilege if my child's behavior warrants the limitation.

I also understand that my child will not be supervised by the Solutions staff while he/she is away from the program.

Parent/Guardian Signature: _____

Date: _____