

**LITTLE FERRY PUBLIC SCHOOLS**  
**Little Ferry, New Jersey**

**PERMISSION SLIP**

Pupil: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

Where: \_\_\_\_\_

Time: \_\_\_\_\_

Cost: \_\_\_\_\_

Please list the following phone numbers:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Emergency: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Parent/Guardian Name