

# EXCEPTION TO DEPARTURE PROCEDURES FORM

**This form is for special exceptions to the procedures authorized on the student's enrollment card.**

(Name of child) \_\_\_\_\_ has permission to leave the St.

John Paul II Catholic School BASP Program on (date) \_\_\_\_\_.

(Name of person picking up child) \_\_\_\_\_ will be

responsible for my child after he/she leaves the BASP Program. I understand that the staff will request a photo identification from this person before my child is released to his/her care.

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Date

Signature of Parent/Guardian