

Bayou Academy Check-out Note

Student's Full Legal Name _____

Please complete the appropriate section* below:

*Please allow _____
Student's full name
to check-out at _____ on _____.
Time Date (xx/xx/xx)

or

*Please allow _____
Student's full name
to check-out with _____
Full name of person picking student up
at _____ on _____.
Time Date (xx/xx/xx)

Parent/Guardian's Signature _____
Full Legal Signature

Date _____
xx/xx/xx

Contact Phone # _____