

Sign one for each of your children that attends St. Edward's Catholic School.

LOCAL PERMISSION FORM

PLEASE READ AND SIGN

2016-2017 SCHOOL YEAR

I acknowledge that the teachers or other personnel of St. Edward's Catholic School will be taking my child to:

- Twin Falls City Park
- Twin Falls Public Library
- St. Edward's Church, Parish Hall, lawn & parking lot.
- Downtown (Main Street)

I realize my child _____ (**Oldest child enrolled**) will be crossing streets to go to these locations. I release the school, principal and teachers from any and all liability for damages beyond the limits of any and all applicable insurance policies.

Parent/Guardian Signature _____ Date _____

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- Downtown (Main Street)

I realize my child _____ (**sibling of oldest child**) will be crossing streets to go to these locations. I release the school, principal and teachers from any and all liability for damages beyond the limits of any and all applicable insurance policies.

Parent/Guardian Signature _____ Date _____

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