



Ramona Pizarro, Principal



Home Instruction Schools  
3450 East Tremont Avenue  
Bronx, NY 10465  
P (718) 794-7200  
F (718) 794-7232

### Permission Form

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

I give my ( son ,Daughter) \_\_\_\_\_

permission to attend ( Name of Activity) \_\_\_\_\_

Address of Activity \_\_\_\_\_

Date(s): \_\_\_\_\_

I also give permission to have my child's picture taken. Check One: Yes \_\_\_\_\_ No \_\_\_\_\_

This has the approval of the child's physician.

Parents Signature \_\_\_\_\_

Child's Name : \_\_\_\_\_

Address : \_\_\_\_\_ APT# \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Ambulatory (Check One) Yes \_\_\_\_\_ No \_\_\_\_\_

Is Wheel chair to be used : (Check One) Yes \_\_\_\_\_ No \_\_\_\_\_

Needs Transportation (Check One) Yes \_\_\_\_\_ No \_\_\_\_\_

Needs lifting into bus (Check One) Yes \_\_\_\_\_ No \_\_\_\_\_

Will parent accompany child (Check One) Yes \_\_\_\_\_ No \_\_\_\_\_

Will Teacher accompany child (Check One) Yes \_\_\_\_\_ No \_\_\_\_\_

Remarks: \_\_\_\_\_

LIST FOODS PROHIBITED \_\_\_\_\_

**Note to Teacher: Never transport a pupil in a car or other private conveyance.  
Public Transportation must always be used.**

Teachers Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_