



# GOOD SHEPHERD CATHOLIC SCHOOL

148 S. LINDEN DRIVE ♦ BEVERLY HILLS, CA 90212  
TEL. 310-275-8601 ♦ WWW.GSBH.NET ♦ FAX 310-275-0366

## Dismissal Release Form 2016-2017

I hereby give Good Shepherd Catholic School permission  
to allow my child / children:

1. \_\_\_\_\_  
Student Name Grade
2. \_\_\_\_\_  
Student Name Grade
3. \_\_\_\_\_  
Student Name Grade
4. \_\_\_\_\_  
Student Name Grade

to be dismissed as a walker after school and release the school of  
any liability associated with this time.

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date