



Lakeland School Corporation

0825 E 075 N • LaGrange, Indiana 46761 • Phone (260) 499-2400 • Fax (260) 463-4800

I _____ give my student _____ permission to be dropped off
(Parent/ Guardian) (Student Name)

at the follow location _____. This is to take place on the following dates
(Address)

(Day/Dates)

Printed Name

Signature Date

David Larimer, President
Robert Murphy, Vice President
Carey McKibben, Secretary

Eva G. Merkel, Superintendent
Crystal A. Leu, Director of Curriculum
Cathy J. Phillip, Business Manager

Robert Bond, Member
Kathy Fuller, Member
Sue Keenan, Member