

Westridge Christian/Orchard Academy
3894 Due West Road Suite 100
Marietta, GA 30064
678-290-8591

Permission to leave Campus

I _____ give permission for my child _____
(Parent) (Child)

to leave the Westridge Christian/Orchard Academy campus when he/she has a break from class or before/after completion of
(Child)

classes. He/she may go to _____ . Westridge Christian/Orchard
(Locations)

Academy will not be held responsible for my child once he/she leaves Westridge Christian/Orchard Academy campus.

Parent Signature

Date