

DISMISSAL INFORMATION

School year

Name of Child _____

Person(s), other than parent, authorized to pick up the child at any time:

Name: _____

Home phone: _____ Cell phone: _____

Name: _____

Home phone: _____ Cell phone: _____

Name: _____

Home phone: _____ Cell phone: _____

Name: _____

Home phone: _____ Cell phone: _____

Person(s) **NOT** authorized to pick up child. Appropriate documentation, such as a custody agreement, must be attached if a parent is not allowed to pick up the child. This information will be available to staff only.

Name _____ Reason: _____

Name _____ Reason: _____

Whom should we contact if the above unauthorized person attempts to remove your child from the school?

Name _____ Home/Work # _____ Cell # _____

And/or the proper authorities? _____

Name of Parent: _____

Signature of Parent: _____ Date: _____