

EXTENDED DAY CARE

OUR LADY OF PERPETUAL HELP SCHOOL STUDENT RELEASE AUTHORIZATION FORM 2015-2016

Family Name: _____

Parent's/Guardian's First Names: _____

Student's Last Name: _____ First Name: _____ Grade: _____

Student's Last Name: _____ First Name: _____ Grade: _____

Student's Last Name: _____ First Name: _____ Grade: _____

Student's Last Name: _____ First Name: _____ Grade: _____

I give OLPH School permission to release my child(ren) to the person(s) listed below:

Full Name: _____ Relationship: _____ Phone: _____

Full Name: _____ Relationship: _____ Phone: _____

Full Name: _____ Relationship: _____ Phone: _____

Full Name: _____ Relationship: _____ Phone: _____

I understand that my child(ren) will only be released to a parent, guardian or the above named person(s). I also understand that I must inform the school and my child(ren) in advance if I am unable to pick up my child(ren) from school.

Name (please print): _____

Signature: _____

Date: _____