

Saint Joseph School
10 School Hill Road, Baltic, CT 06330

RELEASE INFORMATION

Student's Name: _____ School Year: _____

For your child's safety, please complete the information below for the persons authorized by you to take your child from school during school hours. It is very important that this information be updated whenever any change takes place. Please inform those listed below that they will need to show their identification to the school staff. If only one parent signs this form, please list the other as someone authorized to pick up your child.

Name	Address	Relationship	Phone
_____	_____	_____	_____

Name	Address	Relationship	Phone
_____	_____	_____	_____

Name	Address	Relationship	Phone
_____	_____	_____	_____

Name	Address	Relationship	Phone
_____	_____	_____	_____

Please list any persons who MAY NOT pick up your child from school.

Name	Address	Relationship	Phone
_____	_____	_____	_____

Name	Address	Relationship	Phone
_____	_____	_____	_____

PARENT'S/Legal Guardian: SIGNATURE: _____ DATE: _____