

FAMILY NAME \_\_\_\_\_

**RELIGIOUS EDUCATION DEPARTMENT**

**SAN JUAN DEL RIO**

**2019-2020**

**EFFECTIVE IMMEDIATELY**

Please list the names of those persons authorized to pick up your child(ren). Phone calls will not be sufficient. A picture ID will be required before the student will be allowed to leave with them. This form must be returned to the classroom teacher as soon as possible. Again we cannot release the child(ren) unless there is permission on file. Please help us protect your child(ren).

|                           |             |
|---------------------------|-------------|
| Names of child(ren) _____ | Class _____ |
| _____                     | Class _____ |
| _____                     | Class _____ |
| _____                     | Class _____ |

The following people have my permission to pick up my child(ren) from the school premises.

| NAME  | PHONE# |
|-------|--------|
| _____ | _____  |
| _____ | _____  |
| _____ | _____  |
| _____ | _____  |
| _____ | _____  |

Signature of Parent or Guardian \_\_\_\_\_

DATE \_\_\_\_\_