

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

**RELIGIOUS EDUCATION DEPARTMENT**

**SAN JUAN DEL RIO**

**2020-2021**

**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 \_\_\_\_\_