

TRINITY CATHOLIC SCHOOL
AUTHORIZED PERSONS TO PICK UP CHILD
DURING THE SCHOOL HOURS OF 8:00am to 2:45pm

STUDENT NAME: _____ GRADE: _____

*In the event of an illness or emergency, we would like to contact the parent/guardian first.

Parent(Guardian) name _____ home # _____

Work # _____ Cell(Beeper)# _____

**ONLY IN THE EVENT WE CANNOT REACH THE PARENT/GUARDIAN
 WHO DO WE CONTACT:**

 2nd CONTACT HOME # WORK # CELL phone # / BEEPER #
 RELATIONSHIP _____

 3rd CONTACT HOME # WORK # CELL phone # / BEEPER #
 RELATIONSHIP _____

 4th CONTACT HOME # WORK # CELL phone # / BEEPER #
 RELATIONSHIP _____

 5th CONTACT HOME # WORK # CELL phone # / BEEPER #
 RELATIONSHIP _____

 6th CONTACT HOME # WORK # CELL phone # / BEEPER #
 RELATIONSHIP _____

* During the school hours of 8:00am to 2:45pm, you are allowed to release my/our child to any of the persons named above.

SIGNATURE of Parent(Guardian): _____ Date: _____

** UNDER NO CIRCUMSTANCES WILL A CHILD BE RELEASED TO ANYONE WHOSE NAME DOES NOT APPEAR ON THIS FORM.....

PLEASE COMPLETE THE FOLLOWING INFORMATION ON STUDENT

Student's Transportation TO SCHOOL	Student's Transportation FROM SCHOOL
<input type="checkbox"/> car rider <input type="checkbox"/> walker	<input type="checkbox"/> car rider <input type="checkbox"/> walker <input type="checkbox"/> after school care
<input type="checkbox"/> bus rider (bus # _____ / Bus driver's name _____)	<input type="checkbox"/> bus rider (bus # _____ / Bus driver's name _____)
	<input type="checkbox"/> after school care