

Calvary Christian School – Child Release Form

To further ensure the safety of our students please fill out this form. If any of the provided names or contact information need to be changed at any time during the year, please notify the school office immediately.

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Mailing Address: _____
(Street or PO Box)

City: _____ State: _____ Zip Code: _____

Home #: _____

Mother/Guardian Cell #: _____ Work #: _____

Father/Guardian Cell #: _____ Work #: _____

Emergency Contact Persons (other than you or your spouse):

Name: _____ Relationship: _____

Home #: _____ Cell #: _____ Work #: _____

Name: _____ Relationship: _____

Home #: _____ Cell #: _____ Work #: _____

Your child will **ONLY** be released to the people you name below who **CAN** pick up your child from school. Anyone who tries to pick up your child whose name is not listed below as having permission, will be asked to present a photo ID and you will be contacted to verify whether it is okay to release your child to them. Please write the *full name* of each person you list below.

Who **CAN** pick up your child from school? (If you are having someone pick up your child during the school year who is not on this list, please call the school office ahead of time to let us know and we will add them. Please also list your emergency contact persons here as well.): _____

***We are legally required to release students to their parents. However, if you have a situation where one parent or other individual is not **LEGALLY** allowed to pick up a child **BY ORDER OF THE COURT**, please list below that person's *full name*, briefly explain the situation and provide the legal documentation with this Child Release Form at enrollment. *Please do not write any names here unless you can also provide the required legal documentation.* _____
