

Family Name: _____



SAN JOSE
CATHOLIC SCHOOL

DISMISSAL RELEASE • 2017-2018

Student Name: _____ **Grade:** _____ **Homeroom Teacher:** _____

A separate form must be completed for each child attending San Jose Catholic School.

I hereby give my permission to San Jose Catholic School to release my child to the care of the people listed below (*first and last name must be clearly printed*) during the school day, at regular dismissal time, or from Extended School Care (ESC). If your child is to be released during the school day, a courtesy message is requested via note, email, or phone on the morning of the appeal.

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Please complete:

- Will your child regularly participate in a carpool? _____yes _____no
If yes, with which families?

- Where will your child normally go at the end of the school day?
_____car line _____Extended School Care _____walk/bike home _____other

I understand that at dismissal any child not picked up by an authorized adult will be sent to ESC and as the child's parent, I will be responsible for the applicable fee.

Parent /Guardian printed name

Parent/Guardian signature

date

Phone number

Alternate phone number