

Holy Rosary -St. Richard Catholic School 2017/2018 Release Information

Student Last Name: _____ Student First Name: _____ Grade: _____

Custodial Parent(s) or Guardian(s) authorized to Pick-Up the student:

Mother's Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father's Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Others authorized to Pick-Up the student:

Driver's License or Picture ID Required to Release Student

Name: _____ Relationship _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Medical Information:

Does your child, have any medical history or pertinent information that the school should be informed about? If yes, please explain including any medication your child takes.

Has your child ever been tested/diagnosed with a learning disability? _____ Yes _____ No

If yes, please provide a copy of the evaluation.

Parent/Guardian Signature: _____ Date: _____

