Community Christian School

Student Release Form

Child's Name_____

Address_____

Phone_____Grade_____

I authorize the names below to be the only persons who are to pick up my child/children from the premises. There are NO exceptions.

Make sure to list father, mother, grandparents, etc. (anyone who might be picking up your child/children). Please list their phone numbers, driver's license or identification numbers.

Name	Phone#	License#

Signature_____

Parent/Guardian