



Student Release Authorization Form

My child, _____ in the _____ Grade, can only be released to the adults on this form. **I am aware that my child/children will not be released to anyone under the age of 18.**

Name	Telephone #	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am attaching a copy of photo identification for each person listed above. I understand that my child will not be released to any adult for whom we do not have a current photo ID.

Any child not picked up by 2:45pm will be placed in the St. Peter's School After School Program at the cost of \$30.00 per day for the service.

Parent Name: _____

Telephone #: (Cell) _____ (Home) _____

Parent Email: _____

Parent Signature: _____ Date: _____