

Student Release Authorization Form

In an effort to protect our students, we are asking that you let us know, in advance, who has your permission, other than you, to pick up your child. This form is authorizing the release of the following students to the individuals listed on the form. Please list everyone who you may give permission to throughout the year in cases of emergencies as well. Kavod Elementary will not be held liable for releasing the students to these individuals and will not be held liable for anything that occurs after they have been released.

Student Name

Student Name

Student Name

I, _____, (parent/guardian name) as a legal parent or guardian, am authorizing the following people to pick up my child(ren) from Kavod Elementary Charter School.

Note: List a specific name that can be cross referenced by a picture ID

Name	Relationship to Student	Phone Number	Please check the situations when the approval applies	
			Anytime	Only day of notification (x) or for recurring days/specific purposes as indicated below:

Full Kavod Parent Release. By checking this box, I agree to allow the students listed above to go home with any of the Kavod parents provided I have notified the school that they will be going home with another Kavod family.

Please list below any adults who are **NOT** authorized to pick up your child:

Parents/Legal Guardians Authorization:

The information above is correct, and I hereby give permission for my child(ren) to be picked up from the listed individuals and will not hold Kavod liable for anything that occurs after my child(ren) have been released.

_____	_____
Parent Name	Phone
_____	_____
Parent Signature	Date