

Student Reunification Release Form

OFFICE USE ONLY

School:

Year:

Out of Region Contact (within Canada)

Name				Email		
Home #		Cell #		Province		

Release Information:

List of students at this school (oldest to youngest)

First Name	Last Name	Div.	Grade	Teacher

Parent(s)/Legal Guardian(s)

Name (First, Last)	Phone (Home)	Phone (Cell)	Email

Additional people authorized to pick up student(s)

Name (First, Last)	Phone (Home)	Phone (Cell)	Email

Last name of oldest student

Released

☐ Yes

☐ Yes

☐ Yes

☐ Yes

To

☐

☐

To

☐

☐

☐

Release Confirmation:

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Picture ID : ☐ Confirmed ☐ Not Available ☐ Identification confirmed by staff

Destination: _____ Time: _____ Staff Initial: _____

Parent/Guardian/Designate Signature: X

Student Release list:

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First Name	Last Name	Div.	Grade	Release Teacher	Released
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes

- 1) Proceed to gate/table: _____
- 2) Show this form to the staff member at the gate/table
- 3) The staff member will locate the student(s) and bring them to you
- 4) Once you have the student(s), please exit the school grounds.

Release Teacher Initials: _____