Student Check-Out Authorization

Student Name:_____

Students will not be allowed to leave the school unless signed out by a *parent, guardian,* or *other authorized adult*. This permission form lists the names of adults who are authorized to pick up my student. The principal may make exceptions in *emergency situations only.* **Notes, faxes, or phone calls cannot be accepted.**

In the event of an emergency, West Jefferson Elementary School will first attempt to contact the parent/guardian listed below. In the event that the parent/guardian cannot be reached, list the relative or neighbor you wish the school to contact. List all persons authorized to check out this student including parents, stepparents, guardians other family members, friends, and/ or neighbors.

Name (Please Print)	**Relationship**	**Home Phone**	**Cell or Work Phone**
Mother/Guardian			
Father/Guardian			
Stepmother			
Stepfather			
Emergency			
Emergency			
Other			
Other			
Other			
Other			
Other			
Other			
Other			