



STUDENT RELEASE FORM

This form must be completed prior to releasing the student.

STUDENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

PARENTS' NAME \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

In case of an emergency please list an Alternate contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Complete this section only if applicable. Include only siblings who are currently in Balavihar

Sibling 1 full name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling 2 full name: \_\_\_\_\_ Grade: \_\_\_\_\_

IN THE CASE OF EMERGENCY INVOLVING CHILD PICK-UP

Students will only be released to authorized individuals after they present proper identification. Try to walk to school instead of driving, Eggers Blvd. and surrounding streets will be very congested and emergency vehicles will need access. If it is necessary to drive, please do not park on any street adjacent to the school. Lives may depend on adequate access by emergency vehicles and personnel. Please follow directions for the Check-In Table While in line, you will be asked to complete the "Student Request Form."

NO STUDENT WILL BE RELEASED TO ANYONE EXCEPT TO THOSE AUTHORIZED ON THE STUDENT'S REGISTRATION FORM.

At the Check-In Table, identification and authorization will be verified. Once the authorization is processed, a runner will be sent to retrieve the student. Parents/authorized individuals will then proceed to the Check-Out Table. The runner will bring the student to the Check-Out Table to be released to the parent/authorized individual, along with any other students the school is authorized to release to that person. The parent/authorized individual's intended destination, phone number, departure time, and signature will be recorded.

My son / daughter agree to abide by all rules and regulations stated by Chinmaya Mission Staff. I understand that Chinmaya Mission will not be liable if my child fails to cooperate with regulations.

[ ] YES Are the Parent? If you are not the Parent, Please sign as a Guest/Custodian
[ ] NO

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Guest/Custodian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_