

SAINT MARTIN DE PORRES SCHOOL

A Middle States Accredited School

KATHLEEN LEAHY
Principal

122 Cedar Valley Road
Poughkeepsie, NY 12603

Date _____

AUTHORIZATION TO RELEASE CHILD

I give my permission for the St. Martin de Porres School staff to release my child/children to the following individuals:

Please check one of the following:

____ My child/children will normally ride a bus.

____ My child/children will normally be driven to/from school.

Please check one of the following:

____ If an emergency early dismissal occurs, please put my child on the bus (snow, busted pipes, power outage, etc.).

____ If an emergency early dismissal occurs, I will pick up my child within one hour of dismissal (snow, busted pipes, power outage, etc.).

Please check one of the following:

____ When a scheduled early dismissal (any dismissal scheduled on the yearly calendar) occurs, please put my child on the bus.

____ When a scheduled early dismissal (any dismissal scheduled on the yearly calendar) occurs, I will pick up my child promptly at the scheduled time.

I understand that, under no circumstances, will my child/children be released to individuals other than those listed above without my written authorization. I understand that the staff may not accept telephone authorization. I agree that I will send a note with the child/children in the morning if there will be a change in dismissal procedure for that day.

Parent/Guardian Signature

Name of Child/Children _____

District _____

Grade(s) _____