

**Holy Rosary -St. Richard Catholic School 2018/2019 Release Information**

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Custodial Parent(s) or Guardian(s) authorized to Pick-Up the student:**

**Mother's Name:** \_\_\_\_\_

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

**Father's Name:** \_\_\_\_\_

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

**Others authorized to Pick-Up the student:**

**Driver's License or Picture ID Required to Release Student**

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

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

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

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

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

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

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

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

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

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

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

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

**Medical Information:**

Does your child, have any medical history or pertinent information that the school should be informed about? If yes, please explain including any medication your child takes.

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Has your child ever been tested/diagnosed with a learning disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide a copy of the evaluation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_