

VINEYARD CHRISTIAN SCHOOL

2011-2012 AUTHORIZATION TO RELEASE

Family Name _____ Home Phone _____

1) _____ Gr _____
Student/

3) _____ Gr _____
Student

2) _____ Gr _____
Student

4) _____ Gr _____
Student

Persons Authorized to take child from the facility

Name	Relationship to Child
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

I hereby authorize "the School" to release my children to any person listed above under "Persons Authorized."

Signed _____
Parent or legal Guardian

Persons NOT Authorized to take child from the facility

1. _____
2. _____

Is there a restraining order filed in the school office? No _____ Yes _____