

Student Information Sheet

First Name _____ **Last Name** _____ **Grade** _____

Pick-up Authorization:

- By checking this box, I grant permission for my child to be picked up/transported to/from St. Francis de Sales Parish Education Center by the person/persons listed below.

Please include names of all carpool drivers and any neighbors/relatives who are authorized to pick up your child from Religious Education.

Full Legal Name

Phone Numbers

Names of persons who are NOT legally authorized to pick up your child.

Please note: Any person not listed on this sheet will not be permitted to pick up your child without prior written permission.

Emergency Release Information:

- I understand that in the unlikely event of an emergency or concern about my child, a parent will be contacted as soon as possible.

Parent Cell Phone Number during Religious Education: _____

- I authorize the religious education staff or volunteers to administer first aid to my child and/or to call an ambulance, if necessary.

Please list any serious medical concerns or allergies:

Please list any special learning needs:

Parent Signature _____ Date: _____

Print Parent Name: _____