

To: Parents/Guardians

From: Mr. O'Hara

Date: August 9, 2017

RE: **Students – Grades PK – 4 (ONLY)**

To insure the safety of our students, and comply with the laws with the Department of Education, we are asking you to fill in the people authorized to pick up your child(ren) at dismissal.

In accordance with **Point Pleasant Beach Board of Education Policy #8601 Pupil Supervision After School Dismissal**, we cannot release your child(ren) to anyone whom you have not previously authorized.

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Print Last Name: \_\_\_\_\_

**The following are three adults (persons 18 years of age or older) who are approved to pick up my child(ren):**

1. \_\_\_\_\_ Phone/Cell No. \_\_\_\_\_

2. \_\_\_\_\_ Phone/Cell No. \_\_\_\_\_

3. \_\_\_\_\_ Phone/Cell No. \_\_\_\_\_

**The following is an option for Grades 3 and 4 Only**

My child(ren) may be released on their own in order walk or ride their bike home.

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

**I understand if a person tries to pick up my child(ren) who is not on the above list, my child(ren) will not be released from school.**

Parent Name (Please Print) \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Phone/Cell No. \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

TJO/slp

Enc.