

Any Idaho School District Student Reunification Form

(To be retained at Student Release Station)

Student Name _____ Date of Birth ___/___/___

Teacher/classroom _____

Parent/Guardian Information:

Parent/Guardian Name _____

Work Phone ___-___-___ Home Phone ___-___-___ Cell Phone ___-___-___

Parent/Guardian Name _____

Work Phone ___-___-___ Home Phone ___-___-___ Cell Phone ___-___-___

Child's after-school daycare provider _____ Phone ___-___-___

I certify that I am the custodial parent/legal guardian of the above-named student, and I grant permission for my child to be released to any of the following individuals. (Each section must be completed.)

Parent/Guardian Signature _____ Date ___/___/___

My child may be released to the following individuals. (Additional names may be included on a separate piece of paper. If additional names are attached, please initial here: (____))

Name _____ Relationship to child _____
Address _____ Phone ___-___-___

Name _____ Relationship to child _____
Address _____ Phone ___-___-___

Name _____ Relationship to child _____
Address _____ Phone ___-___-___

Complete Below This Line Only During a Reunification Event

RELEASE STATION

Verification Type: _____ Photo ID _____ Personally Known _____ Other

Released By: _____ Time: _____

Routed to & Retained at Student Holding Area

Student Name: _____ - Time _____

Processed By: _____

Retained at Request Station

Student Name: _____ - Time _____

Processed By: _____