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:________________________________________________