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## DISMISSAL AUTHORIZATION FORM 2015-2016/5776

Student Name(s):

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For your child(ren)'s safety and well-being, we ask that you specify below person(s) who are authorized to pick up your child(ren) up from Or Hadash Religious School.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Please list here any other child(ren) in your carpool, if applicable:

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Please understand that if you wish to add or remove a person from this list of authorized persons, you must notify the Education Director in advance and in writing. All such written communications must be provided to the Education Director **only**.

Thank you for your partnership in safeguarding our students.

Signature of person and relationship to child completing this form:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Relationship: \_\_\_\_\_