

# Authorization for Dismissals

Student's name \_\_\_\_\_ Classroom teacher \_\_\_\_\_  
(Please fill this blank Registration Day.)

**The following people have permission to pick up my child from Bright School:**

\_\_\_\_\_  
**Parent** **Parent Phone**

\_\_\_\_\_  
**Parent** **Parent Phone**

\_\_\_\_\_  
**Name** **Phone Number**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please fill out one form for each child in your family.

Due on Registration Day