

Thomas Jefferson Independent Day School
Dismissal Authorization Form (Regular and Extended-Day)
2017 – 2018

Thomas Jefferson Independent Day School considers the safety and well-being of its students as its highest priority. Students are only released to their parents, legal guardians, or other persons as designated by the parent or legal guardian's written authorization. Therefore, parents and guardians must designate those authorized to take custody of their children prior to their dismissal from school. The School must receive prior written notification, or in the case of an emergency, a telephone call from a parent or guardian if a student is to be released into the custody of a person other than that student's parent, legal guardian, or any person listed on the dismissal authorization form. **Parents who rely on friends or neighbors, who also have children enrolled at Thomas Jefferson, to pick up their children, should identify those parents on this form. It is the parent's responsibility to advise the school of any changes to this form, including contact information and changes in authorizations.**

Student's Name: _____

Address: _____

Current Grade: _____ Home Phone #: _____

Emergency Contact Name: _____

Emergency Contact Address: _____

Emergency Contact Phone #: _____

Physician Name: _____ Phone#: _____

Hospital Preference: _____

Persons authorized to pick up my child are:

Name: _____ Phone#: _____

Address: _____

Relationship to student: _____

Name: _____ Phone#: _____

Address: _____

Relationship to student: _____

Name: _____ Phone#: _____

Address: _____

Relationship to student: _____

Two-sided form. Please sign reverse!

**Thomas Jefferson Independent Day School
Dismissal Authorization
Parent Acknowledgment Form
2016-2017**

I hereby acknowledge that I have read and understand Thomas Jefferson Independent Day School's Dismissal Authorization Policy. As a condition of my child's enrollment, I agree to notify the School if there are any changes in my child's home address and phone number, the emergency or physician contact information, or authorizations for those allowed to take custody of my child when he or she is dismissed from School or the Extended Day Program.

Parent's Printed Name

Parent's Signature

Date

Millennium Tennis and Fitness Club Bus

- My child has permission to ride the Millennium Tennis and Fitness Club bus for their after school tennis program.