



Dismissal Information

ADULTS GRANTED PERMISSION TO PICK UP AND SIGN OUT YOUR CHILD AT DISMISSAL TIME

Please be advised that your child will **only** be released to those listed below, unless the school receives hand-written and signed notification permitting otherwise. **Verbal notification (phone calls or in person), as well as e-mail or fax, are not acceptable forms of permission. Please keep this information up to date.**

Student Name: _____

Last, First

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

_____ My child will be escorted home by an older sibling. Sibling's Name _____

Class _____ Teacher _____

I hereby give permission for my child to be released to the adults listed on this card as specified above, without prior notification. Should any changes to information on this card need to be made, I understand that it is my responsibility to come to the Graham Elementary and Middle School office and update the card in a timely manner. It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent/ guardian as indicated on this card will be respected as far as possible.

Print Name of Parent/ Guardian

Signature of Parent/ Guardian

Date

Proud Member of
The Graham Family of Schools
In Partnership with
EL Education

**This institution is an equal opportunity provider*

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