

CTK Child Release Form

Child's Name: _____

Persons permitted to remove the child from school: (Picture ID may be required)

Mother Yes _____ No _____ Cell # _____
Work # _____ Home # _____

Father Yes _____ No _____ Cell # _____
Work # _____ Home # _____

Others:

Name: _____ Nickname: _____
Phone: _____ Relationship: _____
Address: _____

Name: _____ Nickname: _____
Phone: _____ Relationship: _____
Address: _____

Name: _____ Nickname: _____
Phone: _____ Relationship: _____
Address: _____

Name: _____ Nickname: _____
Phone: _____ Relationship: _____
Address: _____

Name: _____ Nickname: _____
Phone: _____ Relationship: _____
Address: _____

Signature of Parent or Legal Guardian: _____