



RELEASE FORM

GRACE LUTHERAN SCHOOL | 1212 W. JEFFERSON | BRENHAM, TEXAS 77833
TEL (979) 836-2030

RELEASE OF CHILD (_____)
NAME OF THE CHILD

WHEN MY CHILD IS BROUGHT TO THE FACULTY, I/WE AGREE TO ALWAYS LEAVE HIM/HER WITH A STAFF MEMBER. THIS CHILD WILL BE RELEASED ONLY TO HIS/HER PARENTS OR TO THE PERSONS NAMED BELOW. IF THE STAFF IS UNFAMILIAR WITH THE PERSONS NAMED BELOW, WE WILL ASK TO SEE A VALID DRIVER'S LICENSE.

NAME		RELATIONSHIP
HOME PHONE	WORK/CELL PHONE	
ADDRESS		

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HOME PHONE	WORK/CELL PHONE	
ADDRESS		

DOCTOR'S STATEMENT

I HAVE EXAMINED THE ABOVE NAMED CHILD WITHIN THE PAST YEAR AND FIND THAT HE/SHE IS PHYSICALLY ABLE TO TAKE PART IN THE SCHOOL AND DAYCARE PROGRAM.

DOCTOR'S SIGNATURE _____

DATE _____

STUDENT HANDBOOK

I ACKNOWLEDGE THAT I HAVE RECEIVED THE GRACE LUTHERAN SCHOOL AND DAYCARE HANDBOOK AND GRACE LUTHERAN SCHOOL AND DAYCARE DISCIPLINE AND GUIDANCE POLICY.

PARENT'S SIGNATURE _____

DATE _____