



Student Release Information

St. John Bosco School-All Grades

Family Name _____ Date _____

Child's name _____ Teacher _____

(make a copy for each homeroom teacher)

Phone Number(s) where mom or dad can be reached:

Mom: (H) _____ (W) _____ (C) _____

Dad: (H) _____ (W) _____ (C) _____

Dates for this plan

I have entered the following person(s) into my Webform on Ren Web for Emergency Contact Information and they have my permission to pick up my child(ren) from school:

Please indicate by which means your child(ren) will usually be picked up:

- Park and classroom pick up
- Carpool Pick-up
- MAP after school care (must be registered to use the MAP program)

Parent Name (Printed)

Parent Signature