

**SOUTH MIDDLE SCHOOL
AUTHORIZATION FOR STUDENT CHECKOUT**

STUDENT'S NAME _____ **GRADE** _____
STUDENT'S BIRTHDATE _____

Please write the name of each person who has parent's/legal guardian's permission to check out the child named above from school for the **2021- 2022** school year. Include names of parents or guardians as well as others. A complete, detailed list of phone numbers helps us reach you in case of an emergency. A custodial parent/legal guardian may make changes to this authorization at any time by coming to the school's office. **Please notify the office if your contact information (phone number, email, address) changes.**

NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	EMAIL
	Mother/guardian				
	Father/guardian				

If there is anyone who specifically may NOT check out or have contact with this student, please list below.

NAME	RELATIONSHIP	REASON

PARENT'S SIGNATURE: _____ **DATE:** _____