

The School For Early Excellence



56 Middlesex Turnpike, Suite 225, Burlington, MA 01803 | 781.605.8230

Transportation & Release Authorization 20__-20__

Child's name: _____ Date of Birth: _____

How will your child be **arriving** to school? _____

How will your child be **departing** from school? _____

I give permission for my child to be released to the following people (dismissal and emergencies). Please instruct the people below to bring photo identification when picking up your child. They will be required to show identification prior to your child being released to them.

Name _____ Relationship _____

Address _____ Home phone _____

Cell phone _____ Business phone _____

I authorize SEE to release my child to this person at any time

I authorize SEE to release my child to this person only on days when I have called and notified the school that he/she will be picking my child up.

Name _____ Relationship _____

Address _____ Home phone _____

Cell phone _____ Business phone _____

I authorize SEE to release my child to this person at any time

I authorize SEE to release my child to this person only on days when I have called and notified the school that he/she will be picking my child up.

Name _____ Relationship _____

Address _____ Home phone _____

Cell phone _____ Business phone _____

I authorize SEE to release my child to this person at any time

I authorize SEE to release my child to this person only on days when I have called and notified the school that he/she will be picking my child up.

Parent/Guardian Signature: _____ **Date:** _____