



Release Form
St. Matthew School
Campbellsport, WI 53010

My child(ren) _____ may be picked up by the following list of people other than myself (person who signs this form) at the end of the school day. If anyone other than those listed are to pick up my child, I will send a note to school with necessary information.

If there is anyone who is **NEVER** to pick up my child, I have them listed below.

Thank you for helping us provide the safest environment possible for your child(ren).
St. Matthew School

Those who **MAY** pick up my child(ren):

Name	Relationship to child	Name	Relationship to child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Those who **MAY NOT** pick up my child(ren):

Name	Relationship to child	Name	Relationship to child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent name (printed) _____

 Signature – Parent(s)/Guardian(s)

 Date