STUDENT REUNIFICATION FORM

Please have photo identification out and ready to show to school district personnel.
(PLEASE PRINT CLEARLY)

Student Name ____________________________________________________________________________
Student Grade __________ Student Cell Phone Number ___________________________________________

Name of person picking up student __________________________________________________________
Phone number of person picking up student ____________________________________________________
Relationship to student being picked up________________________________________________________
Signature of adult picking up student __________________________________________________________

Photo identification matches name of person picking up student?       Y     or     N

Student Name ____________________________________________ Student Grade __________
Student Release/Reunification Area (to be completed by parent/guardian)
Staff Initials ____________________________________________

Adapted with permission from the Jefferson County School District, December 2010.