

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.

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