

# Authorization for Dismissals

Student's name \_\_\_\_\_ Classroom teacher \_\_\_\_\_  
(Please fill this blank Registration Day.)

**The following people have permission to pick up my child from Bright School:**

Parent	Parent Phone
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Parent	Parent Phone
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Name	Phone Number
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\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please fill out one form for each child in your family.

Due on Registration Day