



A.G.B.U. MANOOGIAN-DEMIRDJIAN SCHOOL

EMERGENCY RELEASE FORM

Student Name			Grade in	Date of Birth
Last	First	Middle	2018-2019	
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Residence Address: _____

City _____ Zip _____ Home Phone (____) _____

FATHER'S FULL NAME _____ Father Cell (____) _____

Occupation _____ Work Phone (____) _____

MOTHER'S FULL NAME _____ Mother Cell (____) _____

Occupation _____ Work Phone (____) _____

Parent Signature: _____

I authorize the A.G.B.U. Manoogian-Demirdjian School to release my child(ren) to the following individuals:

Full Name	Cell #	Relation
Full Name	Cell #	Relation
Full Name	Cell #	Relation
Full Name	Cell #	Relation

OFFICE USE ONLY

Notes: _____

