Lawtell Elementary 2016-2017

Sign Out Form For: __________________________ Grade: _________ Teacher: __________________________

Only the following people may check my child/children out of school. I understand that I will not receive notification from Lawtell Elementary if the person(s) I list below report to school to check out my child/children. Any changes made during the current school year, must be done in person.

**NO CHANGES WILL BE GRANTED OVER THE TELEPHONE.**

____________________ Relationship to child____________________ Phone____________________

____________________ Relationship to child____________________ Phone____________________

____________________ Relationship to child____________________ Phone____________________

____________________ Relationship to child____________________ Phone____________________

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____________________ Relationship to child____________________ Phone____________________

Parent/Guardian Signature: __________________________ Date: __________________________

Current Phone Number(s): __________________________

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Parent/Guardian Signature: __________________________ Date: __________________________

Current Phone Number(s): __________________________