

ARRIVAL/DISMISSAL RELEASE AUTHORIZATION 2023-2024

COMPLETE, SIGN, AND RETURN this form by the first day of school.

PLEASE PRINT

AT DISMISSAL, my child/ren _____
WILL NOT be dismissed with another child.

AT DISMISSAL, my child/ren _____
WILL BE dismissed with the following child/ren **on a daily basis:**

_____	_____
_____	_____

I authorize the following people to drop off and/or pick up my child/ren:

NAME	CONTACT NUMBER
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand that I need to contact the MCS office (219-932-5666) if there is any change to this authorization.

I have read the ARRIVAL/DISMISSAL PROCEDURE. I understand that it is imperative to inform all drivers who drop off or pick up my child of this procedure.

SIGNATURE _____ DATE _____

PARENT NAME (printed) _____ PHONE _____