



Wellington Dismissal Authorization Form

2020-2021

Student Name _____ Gender M or F Date of Birth _____

Street Address _____ Zip Code _____

Guardian Name(s) with whom the Student resides

Relationship to student _____

Home phone _____

Work phone _____

Cell phone _____

Please list below the names of those authorized to pick up your child from school

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE NUMBER</u>

I have read and understand dismissal times, policies, and procedures

X _____ (please sign)