



2024-2025
Student Release Authorization
(one form per campus per family)

Student Name _____

Grade _____ Teacher _____

Student Name _____

Grade _____

Student will be leaving campus with:

Name _____ Cellphone _____

Name _____ Cellphone _____

Please list any additional people Notre Dame Academy is authorized to release your child to:

Name	Relation to Student	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Signature

Date