

ポートランド日本語継承学校 Keisho Japanese School of Portland

RELEASE FORM / AUTHORIZATION FOR PICK UP

Dear Parent/Guardian:		
Please fill out the form below releschool.	ating to those persons who have p	permission to pick up your child from
If, due to unforeseen circumstand child, a note from the parent or a asked to identify him or herself b	telephone call is necessary. Pleas	ry for someone else to pick up your se be aware that the person may be
If there are any custody issues, w and on what days.	ve must have legal documents wit	h regards to who can pick up your child
Sincerely,		
Keisho Japanese School of Portla	nd	
	RELEASE FORM	
The following people are authori authorize the release of my child Child's Name	to their care.	nese Heritage School of Portland. I
	le you authorize to pick up your c	child from school.
NAME	PHONE NUMBER	RELATIONSHIP
1		
2		
3		
Parent/Guardian Signature		
	Date	