## **Blessed Trinity Catholic School**

10472 Beach Boulevard, Jacksonville, Fl 32246

## **AUTHORIZATION TO RELEASE FORM**

(only one form required per family – list names of all children)

## 2024-2025

Dear Parents,

Thank you for your cooperation.

If your child is carpooling with someone else or is permitted to be picked up by anyone other than yourself, please list them below. You will be issued a carpool sign to be placed in your car window when picking up your child. Please do not give this sign to anyone who is not on this list or who has not been given your prior written permission to pick up your child(ren).

Your child will only be allowed to go home with the people listed below or when a written permission slip is sent to the school.

My				
child(ren)				
	orized to be picked up by:			
PARENT	NAME:			
PRINT	(Mother/Guardian)	SIGNATURE	(Mother/Guardian)	
PRINT	(Father/Guardian)	SIGNATURE	(Father/Guardian)	
Date:				
If only on	e parent/guardian is availa	ble to sign, please give a	n explanation.	