CHECK-OUT FORM

Student Name: _____ Grade: _____

Date of Birth: _____

Mailing Address: _____

Physical Address: _____

(Directions to home) _____

_____

Mother's Name: _____

Address: _____

Home Phone: _____ Cell: _____

Father's Name: _____

Address: _____

Home Phone: _____ Cell: _____

Is there a custody agreement: (Yes or No) if there is who has legal custody.

_____

Please list ALL the people who may check out your student out of school. Only the people listed below will be allowed to check your student out of school. The only way to add people to this list is to physically come into the Middle school office and add them to the list.