

Student ACCESS Form

The following individuals are allowed access to my child to pick them up from school.

1. _____

2. _____

3. _____

4. _____

5. _____

I understand that my child will not be allowed to leave the facility with anyone other than the individuals that serve as my designee(s). I am also aware that the designee must be prepared to present proper identification to the staff. I realize that I must update this information with the Program Coordinator or notify the office if there is a change of status.

Comments:

Student's name _____

Parent/Guardian Signature

Date

class _____ ac _____

ACCESS Schools

3/7/08