

2017-18 Apex Elementary School Student Locator Release

Custody Orders*

Student Last Name	Student First Name	Student ID Number
Teacher/Grade Level	Date of Birth	Indicate Bus, Walker, Daycare or YMCA
Medical Alerts/Allergies/Medications routinely taken, etc:		

(In case of EMERGENCY OR ILLNESS CALL FIRST)

First Name	Last Name	Relationship
Home Phone ()	Day (Work) Phone ()	Mobile Phone ()
Street Address (City, State, Zip)		
Employer		
Email Address		
Living With <input type="checkbox"/> YES <input type="checkbox"/> NO	Can Pick Up <input type="checkbox"/> YES <input type="checkbox"/> NO	Speaks English <input type="checkbox"/> YES <input type="checkbox"/> NO

(In case of EMERGENCY OR ILLNESS CALL SECOND)

First Name	Last Name	Relationship
Home Phone ()	Day (Work) Phone ()	Mobile Phone ()
Street Address (City, State, Zip)		
Employer		
Email Address		
Living With <input type="checkbox"/> YES <input type="checkbox"/> NO	Can Pick Up <input type="checkbox"/> YES <input type="checkbox"/> NO	Speaks English <input type="checkbox"/> YES <input type="checkbox"/> NO

EMERGENCY CONTACTS

First Name	Last Name	Primary Phone	Relationship
First Name	Last Name	Primary Phone	Relationship
First Name	Last Name	Primary Phone	Relationship

I/We hereby request that the student named above be released from school, only to persons whose NAMES appear above. I/We understand that the school will adhere and respond only to this written request, and that any change must be made in writing by the parent or legal guardian. School officials will request a picture I.D. prior to release of the student if identity is in question.

Mother/Guardian Full Name	Signature
Father/Guardian Full Name	Signature

*Note: In order to be honored, a certified copy of the Custody Orders MUST be provided to the school.