Parent Authorization for Day Student Dismissal 2018-2019

Student Name:	Date:
Parent Name:	Phone Number(s):
Parent Email:	
in case of an emergency. This person(s) will act as a t the care and safety of my child(ren) once he or she is serve on my behalf to, but not limited to: • Drive my Child(ren) to Campus Event • Provide a place my son/daughter may procedure through the Knox School	k up my child(ren) from school at school regular times or emporary guardian in my absence and is responsible for dismissed from school. This person also has permission to s and Activities be allowed to stay overnight, pending appropriate sign out nool break travel plans on Boardingware
guardian to hold such authorizationIf my child(ren)'s designated guardian	ours if I no longer want the person(s) I designated as a changes, I must provide updated contact information via a update my student's Boardingware profile.
Designated Guardian(s)	
Primary:	Secondary:
Name:	Name:
Relationship to Student:	Relationship to Student:
Address:	Address:
City, State:	City, State:
Phone Number(s):	Phone Number(s):
Email:	Email:
Please acknowledge the following Knox Student/Resi	idential Life Policies by initialing the lines below:
	Uber or Lyft as a person under the age of 18 years old.
•	must be submitted by the parent or guardian to the Office of
•	rture. My child(ren) will not be allowed to leave campus

Date: _____

Parent Signature:_____