

**SAINT MARTIN DE PORRES SCHOOL**

*2012 U.S. Department of Education Blue Ribbon School*

122 Cedar Valley Road  
Poughkeepsie, NY 12603  
(845) 452-4428

**Msgr. James P. Sullivan**  
Pastor

**Mrs. Kathleen A. Leahy**  
Principal



Date \_\_\_\_\_

**AUTHORIZATION TO RELEASE CHILD**

I give my permission for the St. Martin de Porres School staff to release my child/children to the following individuals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**NORMAL DISMISSAL** - Please check one of the following:

- \_\_\_\_ My child/children will normally ride a bus.
- \_\_\_\_ My child/children will normally be driven to/from school.

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**EMERGENCY EARLY DISMISSAL** - Please check one of the following:

- \_\_\_\_ Please put my child on the bus (snow, busted pipes, power outage, etc.).
- \_\_\_\_ I will pick up my child within one hour of dismissal (snow, busted pipes, power outage, etc.).

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**SCHEDULED EARLY DISMISSAL** (listed on yearly calendar) - Please check one of the following:

- \_\_\_\_ Please put my child on the bus.
- \_\_\_\_ I will pick up my child promptly at the scheduled time.

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I understand that, under no circumstances, will my child/children be released to individuals other than those listed above without my written authorization. I understand that the staff may not accept telephone authorization. I agree that I will send a note with the child/children in the morning if there will be a change in dismissal procedure for that day.

\_\_\_\_\_  
Parent/Guardian Signature

Name of Child/Children \_\_\_\_\_

District \_\_\_\_\_ Grade(s) \_\_\_\_\_