

Annunciation Austin

Education Enriched through Faith and Family

Contacts and Transportation Authorization

Parents:(Last, First)		
Students:		
1. Contacts		
	ames and daytime phon your child if we canno	
(Name)	(Telephone)	(Relation to Child)
(Name)	(Telephone)	(Relation to Child)
2. Releasing Your Child	l from School	••••••
	nild to any parent who he to carpool, for example)?	
Yes No (Please	circle.)	
If not, please list below tho	ose parents to whom we ma	y release your child.
(Name)	(Telephone)	(Relation to Child)
(Name)	(Telephone)	(Relation to Child)



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3. Transporting Your Ch	ild in an Emergency	
In an emergency, are you teacher at Annunciation enrolled with us?		d to be transported by any ent who has a child
Yes No (Please c	ircle.)	
If not, please list below thosan emergency.	se teachers and parents wl	no may transport your child in
(Name)	(Telephone)	(Relation to Child)
(Name)	(Telephone)	(Relation to Child)
(Name)	(Telephone)	(Relation to Child)
(Name)	(Telephone)	(Relation to Child)
Signature Parent's Name:(Ple	ease print.)	
Signature:		Date: