



OUR LADY OF SORROWS
PRE-K-8
CATHOLIC ELEMENTARY SCHOOL

OUR LADY OF SORROWS

PREK

CHILD ESCORT FORM



PLEASE PRINT CLEARLY

CHILD'S NAME: _____

NAME OF PARENT OR GUARDIAN: _____ Phone#: _____

RELATIONSHIP TO CHILD: _____

ADDRESS: _____

Physical Description: _____

NAME OF PARENT OR GUARDIAN: _____ Phone#: _____

RELATIONSHIP TO CHILD: _____

ADDRESS: _____

Physical Description: _____

As legal guardian of the above-mentioned child, I authorize the following people to escort my child to/from Our Lady of Sorrows School.

NAME OF PARENT OR GUARDIAN: _____ Phone#: _____

RELATIONSHIP TO CHILD: _____

ADDRESS: _____

Physical Description: _____

NAME OF PARENT OR GUARDIAN: _____ Phone#: _____

RELATIONSHIP TO CHILD: _____

ADDRESS: _____

Physical Description: _____

Parents please note: Please fill out this form completely and return it to the office prior to first day of sessions. Parents, please remember to include yourselves and anyone who is to pick your child up from school. You may use the back of this form or attach an additional paper if necessary.

Date: _____ Signature: _____