

**2016-2017  
Checkout List**

Student Name \_\_\_\_\_

Student Grade \_\_\_\_\_

The following list is authorized persons your child may be released to by  
False River Academy.

**Please include parents name and number.**

Name	Phone/Cell	Relationship
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Your child **will not be released** to anyone not listed on this  
authorization form.

***No Exceptions.***

Parent Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_