

Saint Elizabeth Catholic School

Adult Verification Sign-out Form

I, _____, give permission to sign out my child/children...

Child's Name: _____

Child's Name: _____

Child's Name: _____

...from the Saint Elizabeth School Extended Care or Preschool to the following adults:

Adult	Contact Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature

Date
