

**EMERGENCY RELEASE FORM (ERF)
EFFECTIVE AUGUST 19, 2009 – AUGUST 19, 2010**

Student's Last Name: _____ First Name: _____

Student's Address: _____ City: _____

Student's grade level (09- 10 school year): _____ Home phone number: () _____

Father's Full Name: _____ Bus. phone: () _____

Mother's Full Name: _____ Bus. phone: () _____

This form will be used **ONLY** in the event of a natural disaster or community disaster that requires the discontinuation of the school day as determined by the administration at Bishop Montgomery High School. In the event of such emergency, Bishop Montgomery follows your wishes in regard to the safe dismissal of your child/children. **Please number your first, second, and third choice.**

_____ My student may sign himself/herself out of school and **drive** home.

_____ My student may sign himself/herself out of school **to carpool** with any one of the following student carpool drivers:

1.) _____ 2.) _____

3.) _____ 4.) _____

_____ My student may sign out of school and **walk** home.

_____ My student may sign out of school and walk to the residence of the following person:
_____ Relationship: _____

_____ My student may sign out of school and ride the city transit bus home.

_____ My student only may be released to one of the following individuals:

1.) _____ Phone: () _____

2.) _____ Phone: () _____

3.) _____ Phone: () _____

If you have chosen the option of only releasing your student to a designated individual, please make it a top priority to notify the individual and to have your student picked up within one hour of media or other source notification.

Please remember that our phone lines must be kept open, please do not call the school unless absolutely necessary.

I hereby release Bishop Montgomery High School from any liability once my student has been dismissed in accordance with the above requests.

Signature of Parent/Guardian

Date

PLEASE NOTIFY THE ATTENDANCE OFFICE OF ANY CHANGES IMMEDIATELY