



# A.G.B.U. MANOOGIAN-DEMIRDJIAN SCHOOL

## EMERGENCY RELEASE FORM

Student Name			Grade in	Date of Birth
Last	First	Middle	2019-2020	
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Residence Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_ Father Cell (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

MOTHER'S FULL NAME \_\_\_\_\_ Mother Cell (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

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

I authorize the A.G.B.U. Manoogian-Demirdjian School to release my child(ren) to the following individuals:

Full Name	Cell #	Relation
Full Name	Cell #	Relation
Full Name	Cell #	Relation
Full Name	Cell #	Relation

### OFFICE USE ONLY

Notes: \_\_\_\_\_  
\_\_\_\_\_  
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