

FACS CAR LINE/LIABILITY RELEASE SPECIAL ARRANGEMENT REQUEST

Name of Student _____

WILL BE RELEASED FROM CAR LINE TO:

*PERSON PICKING UP:

REASON:

DATES: from _____ to _____

Name of classroom teacher _____

My signature below indicates that I give permission for my child to be picked up during car line by the person listed above*.

I release FACS Elementary personnel from liability from the time my child leaves the car line area with the appointed person.

Parent signature _____

Email _____ Date _____

Please return to the school office for Mrs. Tidwell, Elementary Coordinator

Approved

Not Approved