ORISUN ACADEMY FOR HEALING ARTS

AUTHORIZED PICKUP & STUDENT RELEASE FORM

For student safety, all authorized pickup adults must be listed below.

STUDENT INFORMATION

Student Name: _____	**Date of Birth:** _____
Village / Grade: _____	**School Year:** _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian 1: _____	**Phone:** _____
Parent/Guardian 2: _____	**Phone:** _____

AUTHORIZED PICKUP PERSONS

I authorize Orisun Academy for Healing Arts to release my child to the individuals listed below. A valid photo ID may be required before a student is released.

Full Name	Relationship to Student	Phone Number	Photo ID / Staff Initials

PICKUP RESTRICTIONS / SPECIAL INSTRUCTIONS

List any person who is NOT authorized to pick up your child, or provide other dismissal instructions. If a legal restriction or custody order applies, a current copy must be provided to the school.

AUTHORIZATION

I understand that Orisun Academy for Healing Arts will release my child only to a parent/guardian or an authorized person listed on this form, unless I provide verified written authorization for a change. I understand that school staff may request photo identification and may delay or refuse release when identity or authorization cannot be confirmed. I agree to notify the school promptly, in writing, of any changes to this authorization.

Parent/Guardian Signature: _____	**Date:** _____
Printed Name: _____	**Best Phone:** _____

FOR SCHOOL USE ONLY

Received By: _____	**Date Received:** _____	**Entered/Updated:** _____