



427 W. Army Trail Road · Bloomingdale, IL 60108
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· 630.529.9191

CLASS DAY: _____
TIME: _____
LOCATION: _____

OFFICE USE ONLY

RELIGIOUS EDUCATION FAMILY DISMISSAL/ESCORT FORM

~for children in grades: Kindergarten—Grade 3

PLEASE TIME/PRINT (IN INK) INFORMATION

FAMILY NAME: _____

PARENT/GUARDIAN: _____

PHONE: (HOME) _____ (CELL) _____

NAME OF CHILD: _____ GRADE: _____

NAME OF CHILD: _____ GRADE _____

NAME OF CHILD; _____ GRADE _____

NAME OF CHILD; _____ GRADE _____

**** (ESCORT PERSON CAN BE: PARENT/GUARDIAN/ OLDER SIBLING (GR4-8)/OTHER DESIGNATED ADULT)**

NAME OF ESCORT PERSON: _____

RELATIONSHIP: _____ PHONE: _____

NAME OF ESCORT PERSON: _____

RELATIONSHIP: _____ PHONE: _____

NAME OF ESCORT PERSON: _____

RELATIONSHIP: _____ PHONE: _____

NAME OF ESCORT PERSON: _____

RELATIONSHIP: _____ PHONE: _____

****Indicate below if there any custodial requirements you want the Religious Education Office to follow (be specific):**

The above names student(s) will not be released to anyone other than Escort Person(s) listed above. Student(s) will remain in the RE Office to await approved escort. Please notify the RE Office immediately of any changes.