

**Southbrook Academy
Student Release Consent Form
2011-2012**

Student Name: _____

Address: _____

Home Telephone: _____ Cell Phone: _____

I give permission for my child to be released to the following person(s).

Name: _____ Address: _____

Relationship to Child: _____ Home #: _____
Cell #: _____

Name: _____ Address: _____

Relationship to Child: _____ Home #: _____
Cell #: _____

Name: _____ Address: _____

Relationship to Child: _____ Home #: _____
Cell #: _____

Parent Signature

Date