



Saint Raphael School

160 St. Joseph Street • Santa Barbara, CA 93111-2367 • 805.967.2115
www.straphaelschoolsb.org

2022-2023
DISMISSAL AUTHORIZATION FORM
PLEASE FILL OUT ONE FORM FOR EACH CHILD
AND RETURN TO SCHOOL ON THE FIRST DAY OF ATTENDANCE.

STUDENT NAME _____ GRADE _____

MY CHILD MAY BE PICKED UP AT HIS/HER CLASSROOM BY THE FOLLOWING PEOPLE:

NAME _____ RELATION _____ TEL # **H** _____ **C** _____

NAME _____ RELATION _____ TEL # **H** _____ **C** _____

NAME _____ RELATION _____ TEL # **H** _____ **C** _____

NAME _____ RELATION _____ TEL # **H** _____ **C** _____

NAME _____ RELATION _____ TEL # **H** _____ **C** _____

NAME _____ RELATION _____ TEL # **H** _____ **C** _____

NAME _____ RELATION _____ TEL # **H** _____ **C** _____

NAME _____ RELATION _____ TEL # **H** _____ **C** _____

_____ MY CHILD SHOULD WALK TO THE WARD STREET STOP LIGHT OR BUS STOP - MON TUE WED THUR FRI **

_____ MY CHILD SHOULD WALK HOME – MON TUE WED THUR FRI **

_____ MY CHILD SHOULD TAKE THE BUS HOME – MON TUE WED THURS FRI **

_____ MY CHILD SHOULD RIDE HIS/HER BIKE HOME – MON TUE WED THUR FRI **

_____ MY CHILD ATTENDS THE _____ AFTER SCHOOL PROGRAM - MON TUE WED THUR FRI **

_____ MY CHILD ATTENDS SCOUTS ON CAMPUS ON _____

_____ MY CHILD MAY NOT BE PICKED UP BY THE FOLLOWING PEOPLE.

I have attached a copy of the court order to that effect.

NAME _____ RELATION _____ TEL # **H** _____ **C** _____

NAME _____ RELATION _____ TEL # **H** _____ **C** _____

- I understand that no child may walk to the parking lot to wait for parental pick-up.

PARENT SIGNATURE _____ DATE _____

SPECIAL NOTES TO THE OFFICE:
**** CIRCLE THE APPROPRIATE DAYS**

REV: 06/22