



Rosebud Academy

102 W Gloucester Pike Barrington NJ, 08007
flove@strosenj.com
StRoseNJ.com

EMERGENCY RELEASE FORM

Please complete with the contact information you would like used for the Emergency Communication Service.

Student's Name: _____

Cell Phone: _____ Work: _____

Email: _____

Complete with the information of people that are allowed to pick up your child. (#1 should be the regular pick up/ drop off person)

1. Name: _____

Address: _____

Phone: _____

Relationship: _____

2. Name: _____

Address: _____

Phone: _____

Relationship: _____

3. Name: _____

Address: _____

Phone: _____

Relationship: _____

PLEASE SUPPLY
Photo in this square

PLEASE SUPPLY
Photo in this square

PLEASE SUPPLY
Photo in this square

Signature

_____ Date: _____