



PARENT/GUARDIAN PERMISSION: 2025-2026 School Year
FOR OTHER INDIVIDUALS TO RETRIVE MY CHILD(REN)

Please note that I give the following individuals permission to retrieve my child(ren) from the Hillel Community Day School campus at dismissal, for appointments during the day, or from After School Connection.

Child(ren)'s names: _____

Retrieval Person's Name (please print) _____

Retrieval Person's Contact Info (cell # is preferable): _____

Relationship to child: _____

Retrieval Person's Name (please print) _____

Retrieval Person's Contact Info (cell # is preferable): _____

Relationship to child: _____

Retrieval Person's Name (please print) _____

Retrieval Person's Contact Info (cell # is preferable): _____

Relationship to child: _____

Retrieval Person's Name (please print) _____

Retrieval Person's Contact Info (cell # is preferable): _____

Relationship to child: _____

Retrieval Person's Name (please print) _____

Retrieval Person's Contact Info (cell # is preferable): _____

Relationship to child: _____

I will inform these individuals that they will be asked to show photo ID before my child(ren) will be released to their custody and will also instruct them where to park and at which entrance to meet the bus monitor, ASC coordinator, or main office personnel. As a parent, it is my responsibility to inform these individuals that they will be required to wear a mask, maintain social distancing and will have their temperature recorded via a thermal temperature analytic camera when retrieving my child(ren).

Parent/Guardian name (please print)

Date

Parent/Guardian signature