



**Manda Lukic – Principal**  
**Joan Hoyle Lynch– Assistant Principal**

**Beard Elementary School**  
6445 W. Strong Street, Chicago, IL 60656  
Main Office (773) 534-1228

### STUDENT RELEASE FORM

CHILD’S NAME: \_\_\_\_\_ ROOM: \_\_\_\_\_

The following people have permission to pick up my child from school.

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

.....  
Parent’s Name \_\_\_\_\_ Email \_\_\_\_\_

Parent’s Name \_\_\_\_\_ Email \_\_\_\_\_

Parent Signature \_\_\_\_\_