

Woodbine Community School Reunification Card

Family Name _____



Reunification Information (please print clearly)

Students Names	Grade	Office Use ONLY	
		Date	Initials
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		

Persons Allowed to Pick Up Students (Only the four people listed below will be allowed to pick up students.)

Parent; please inform the people listed below they must present a government issued photo identification to pick up your child(ren).

Parent _____ Phone _____

Parent / Other Person _____ Phone _____

Other Person _____ Phone _____

Other Person _____ Phone _____

Parent/Guardian Signature

I have read and approved this document.

Print Your Name _____ Date _____

Signature _____