

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_ Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEGAL CUSTODY/RESTRICTED PICK-UP**

Dear Parent/Guardian,

If there are any custody issues or restrictions regarding certain people visiting, contacting, or picking up your child at school, please list their name(s) and their relationship to the child. These people will NOT be allowed access to your child either by visitation or picking them up at school. You **MUST** provide the school with legal/court documentation for us to be able to enforce these restrictions. Please return this form with copies of the legal/court documentation to the school office.

DO NOT send this form back to school UNLESS you have restrictions. If you have any questions or concerns, please contact school and our SRO officer.

Angela Marshall,

Westside Elementary School Principal

The persons listed below have legal custody of this child. Please PRINT the full legal name and the relationship to the child.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I DO NOT want the following person(s) to have any contact with my child. I understand that I **MUST** provide the school with legal/court documentation for this to be enforced.

**NAME RELATIONSHIP TO CHILD**

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Parent/Guardian Signature Date