

Abilene Independent School District REUNIFICATION FORM (Controlled Safety Release)



Thank you for your patience during this process. We share the same goals;

1) protecting the safety of your child, and 2) reuniting you with your student as quickly as possible. This is necessary due to an event that has occurred at the school that mandates we personally reunite you with your child.

Instructions:

1. Please complete the information requested on this card. This will enable you to pick up your student from the reunification area as efficiently as possible under the circumstances.
2. Prepare your identification. If you don't have ID with you, it may take a little longer to verify your identity.
3. Select the check-in line based on either your student's last name or grade, as specified by staff at your student's school.
4. After check-in, school staff will separate this card and send a runner to get your student as quickly as possible.
5. Please report to the parent-student reunification area with this form to wait for your child.

I have read and understand these instructions.

Print your name _____ Date _____

Signature _____

Abilene Independent School District REUNIFICATION FORM (Controlled Safety Area)

REUNIFICATION INFORMATION (Please print clearly.)

Have your photo identification out and ready to show school district personnel.

Student name _____ Student's birthdate _____

Student grade _____ Homeroom Teacher (Elementary) _____

Name of person picking up student _____

Signature of person picking up student _____

Phone number of person picking up student _____

Relationship to student being picked up _____

School personnel complete the following prior to release of student.

Photo identification matches name of person picking up student? Yes No _____

If no ID is available how was parent/ guardian's identity authenticated (i.e., Staff member / Student, etc.) How identified

Time _____ a.m. p.m. Initials _____