

Rough Rock Community School P.O. Box 680

Chinle, AZ 86503

K-8 School Ph: (928) 728-3701/3702 Fax: (928) 728-3617 High School Ph: (928) 728-3703 High School Fax: (928) 728-3560

Student Name (PRINT)			Parent / Guardian's Name (PRIN		
Parent/Guardian Email address			Parent/Guardian Phone Number		
	Your child will <u>O</u> SONS CHECKIN	your child out of school NLY be released to your STUDENTS	ou or to those list MUST BE 18	sted below:	
Please na		A <i>Picture I.D. may be r</i> ler you would want use		ase of an emergency.	
Name of Person (s)		Phone Number		Relationship to Chil	
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		()			
D SECURIT	V				
		OT permitted to chec	ek out this stud	lent	
(Please che		or permitted to enec	out this state		
	Temporary Orde	er of Protection (Copy i	needed for stud	ent's file)	
	Legal Guardians	ship Order			
	Permanent Protection Order (Copy needed for student's file)				
	Social Services	Order			
	Other:				
Name	of Person (s)		Rel	lationship to Child	
				n the above informati	