



# Al Huda Academy

5104 Revere Road,  
Durham, NC 27713  
(919) 572-9500  
[WWW.ALHUDAACADEMY.NET](http://WWW.ALHUDAACADEMY.NET)



## STUDENT RELEASE/EMERGENCY CONTACT FORM

Date: \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Grade Date of Birth Teacher

Home Address: \_\_\_\_\_

\_\_\_\_\_  
Sex

Your child will be dismissed via \_\_\_\_\_ carpool \_\_\_\_\_ walk-up

Parent/Legal Guardian:

Name \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Legal Guardian:

Name \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Please list the people you would like to be notified in case of emergency, including a local contact.

\_\_\_\_\_  
Name Address Phone Relationship

\_\_\_\_\_  
Name Address Phone Relationship

I/We hereby request the student named above be released from school, at times other than normal dismissal times only to persons listed below. I/We understand the school will respond to only WRITTEN requests as per this Form. Any changes to the form need to be written and submitted to the school administration.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical problems, medication needs, allergies etc. Yes / No

(Please Specify) \_\_\_\_\_