TEMPORARY MODIFICATION OF EMERGENCY CONTACTS/PICK-UP LIST

I, _____, am the Enrolling Parent for my ☐ son ☐ daughter, _____ (the "Student").

I hereby state that I am currently unable to come to _____ School (the "School") personally to remove _____ from the emergency contacts/pick-up list for the Student, and thereby request that this signed Modification serve to deny _____ from picking up the Student until such time as I am personally able to do so directly on the Enrollment Form, but in no event later than _____, 20___.

I understand that this Modification is an exception to policy 5.7.1 of the School Board of Manatee County and that it will expire on _____, 20___.

I further understand that in order for this request to remain in effect beyond _____, 20___, I must make the change directly on the Enrollment Form by visiting the School no later than _____, 20___.

UNDER SECTION 92.525(2), FLORIDA STATUTES (2021), A PERSON WHO KNOWINGLY MAKES A FALSE DECLARATION IS GUILTY OF THE CRIME OF PERJURY BY FALSE WRITTEN DECLARATION, A FELONY OF THE THIRD DEGREE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING TEMPORARY MODIFICATION OF EMERGENCY CONTACTS/PICK-UP LIST AND THAT THE FACTS STATED IN IT ARE TRUE.

ENROLLING PARENT

_____

PRINT NAME _____

COUNTY OF _____)
)
STATE OF _____)

The foregoing instrument was acknowledged before me this _____day of _____, 20____, by _____, who is personally known to me OR has provided _____ as identification.

(SEAL)

Name: _____
NOTARY PUBLIC
STATE OF_____ AT LARGE
Commission Expires: _____