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DAYTON PUBLIC SCHOOLS AUTHORIZATION FOR RELEASE OF CHILD TO CHILD CARE PROVIDER

(PLEASE PRESS FIRMLY--YOU ARE MAKING 4 COPIES. PLEASE COMPLETE THIS FORM FOR YOUR CHILDREN WHO HAVE THE **SAME** CHILD CARE PROVIDER.)

NAME OF PROVIDER _____

CONTACT PERSON (if not same as above) _____

ADDRESS _____

DAYTON, OHIO 454 _____ TELEPHONE _____

I, _____, reside at _____
(parent/legal guardian) Street No. Street Name
 _____, Dayton, Ohio 454 _____ and as parent and/or legal guardian of the below-named student(s), do
Apt.
 hereby authorize the Dayton Public Schools to release the child(ren) listed below into the custody of the child care provider listed above.

Please list your children's names, grades, and schools; also indicate whether you need morning (A.M.), afternoon (P.M.), or both morning and afternoon transportation.

Student's Name	DOB	School	AM/PM/BOTH	ID #
			__AM __PM __BOTH	
			__AM __PM __BOTH	
			__AM __PM __BOTH	
			__AM __PM __BOTH	
			__AM __PM __BOTH	

This authorization shall apply for the entire 20____ - 20____ school year **unless changed or rescinded by me in writing**. This authorization places no liability or obligation on the Dayton Public Schools District other than those customary to such release. I understand that no special transportation arrangements will be provided unless the child care provider's address is within the established school transportation pattern. You will be contacted by the Transportation Department within one (1) to three (3) work days.

Signature of Parent/Guardian _____
Date

Home Phone _____ Work/Cell Phone _____

Witness' Signature: By signing below, I am stating that I have seen a picture I.D. including the signature of the parent listed above.

SAO Staff Member _____
Date