



DAYTON PUBLIC SCHOOLS AUTHORIZATION FOR RELEASE OF CHILD TO CHILDCARE PROVIDER

ADD	CHANGE	DELETE
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NAME OF CHILDCARE 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 childcare 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	Morning	Evening	Both
			A.M.	P.M.	BOTH
			A.M.	P.M.	BOTH
			A.M.	P.M.	BOTH
			A.M.	P.M.	BOTH
			A.M.	P.M.	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This authorization shall apply for the entire 20____ - 20____ school year **unless changed or rescinded by me in writing.** This authorization places no liability or obligation on the Dayton Public Schools District other than those customary to such release.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 five (5) work days.

Signature of Parent/Guardian

Date

Home Phone. _____

Work/Cell Phone _____

STOP HERE!

EMPLOYEE COMPLETING CHANGE OF CHILDCARE PROVIDER: _____

FORM COMPLETED AT:

School

Student Enrollment Center

DECA Prep Transportation Request

Grade _____

Date _____

Complete this form if your child will need transportation to and/or from home only. If you have completed the other side, you do not need to fill out this side.

STUDENT INFORMATION (PLEASE PRINT)

Last Name _____

First Name _____

Sex _____

Date of Birth _____

Cell Phone _____

Address of Residence _____

City, State _____

Zip Code _____

Ethnicity: Non-Hispanic/Latino _____ Hispanic/Latino _____ (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture regardless of race)

Race: American Indian/Alaskan Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White _____

PARENT INFORMATION (PLEASE PRINT)

Last Name _____

First Name _____

Address (if different from student) _____

Cell Phone _____