DAYTON PUBLIC SCHOOLS
AUTHORIZATION FOR RELEASE OF CHILD
TO CHILDCARE PROVIDER

NAME OF CHILDCARE PROVIDER: ____________________________

CONTACT PERSON: (If not same as above) ____________________________

ADDRESS: ____________________________

DAYTON, OHIO 454______ TELEPHONE ________________

I _______________ reside at ____________________________, Dayton, Ohio 454 _____ and as parent and/or legal guardian of the below-named student(s), do 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.

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>DOB</th>
<th>School</th>
<th>Morning</th>
<th>Evening</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>A.M.</td>
<td>P.M.</td>
<td>BCTH</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>A.M.</td>
<td>P.M.</td>
<td>BCTH</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>A.M.</td>
<td>P.M.</td>
<td>BOTH</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>A.M.</td>
<td>P.M.</td>
<td>BOTH</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>A.M.</td>
<td>P.M.</td>
<td>BOTH</td>
</tr>
</tbody>
</table>

This authorization shall apply for the entire 20____ - 20_____ school year unless changed or rescinded by me in writing.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 childcare 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

Revised 3/9/17
DECA Prep Transportation Request

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