



**WARRENSVILLE
HEIGHTS**
City School District

AUTHORIZATION TO RELEASE KINDERGARTEN STUDENT

STUDENT'S NAME _____ BUS # _____

In case of an emergency, or if I am unable to pick up my child, I, _____ parent/guardian authorize Warrensville School District Transportation Department to release the above referenced student to the following persons. I understand that no further written authorization from me is required for my child to be released to one of the persons listed herein. ***I understand that additions or deletions to this list must be submitted in writing for the District to honor them.***

Parent/Guardian's Signature _____ Date _____

Please include anyone upon whom you may call in an emergency to help you with picking up your child. For the safety of your child, please inform all authorized pick-up persons listed herein that we will ask for a government issued photo ID when they arrive to pick up your child. If they do not have a government issued photo ID with them, we WILL NOT release your child to them under any circumstance.

Name: _____ Relationship to child: _____

Driver's License # _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Name: _____ Relationship to child: _____

Driver's License # _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Name: _____ Relationship to child: _____

Driver's License # _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Note: This form must be updated each school year

12/21/2016