



Transportation Program

Family Password

STUDENT RELEASE

Permission is hereby granted for my student, _____ to be released to the following individuals for the 2015-2016 school year. Persons listed below must show proper identification before the above named student will be released from the bus or center.

Date	Name	Phone N umber	Parent Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The following sibling/or other child over the age of 12 years may receive my Head Start/ECEAP child from the bus. Picture identification must be shown to receive child from bus.

Date	Name	Phone N umber	Parent Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Legal Guardian Signature

Date