



<p>Family Password</p> <p>_____</p>

STUDENT RELEASE - ECEAP

Permission is hereby granted for my student, _____ to be released to the following individuals for the 2018-2019 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 Number	Parent Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Date	Name	Phone Number	Parent Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Legal Guardian Signature

Date