



Student Transportation Release Form

Please allow the following individual(s) to pick up my child,

_____, at The Shafer Center. Please have the individual(s) present a photo I.D. to a staff member the first time they come to pick up your child.

Name	Relationship	ID checked Staff Initials	Allowed to share information about child's day

Important telephone numbers in case of an emergency or unforeseen change of plans.

Parents' preferred contact numbers _____

Other: _____

Parent name (print): _____

Parent Signature: _____ Date: _____