

AFTER SCHOOL TRANSPORTATION RELEASE FORM

I _____ give permission for _____ to release my
Printed parent name *Name of school*
child/children (listed below) to Everyday Bible School to
Provider's name
transport my child/children to their after school activity at dismissal time. I understand that my child's school will relinquish all responsibility for my child/children to their after school care provider at the time of pick up.

Please print the following information.

Name of after care provider: Everyday Bible School

Provider's phone: (912) 224-0235

Provider Contact Name: Lorrie Crosby

Parent's phone: _____

Child: _____ Grade: _____ Child: _____ Grade: _____

Homeroom Teacher: _____ Homeroom Teacher: _____

Child: _____ Grade: _____ Child: _____ Grade: _____

Homeroom Teacher: _____ Homeroom Teacher: _____

Parent's signature

Date