

RELEASE OF STUDENTS FORM 20\_\_-20\_\_

According to our school policy, students will not be released to ANY adult who is not the parent/guardian of that student without the written permission of the parent/guardian. The purpose of this form is to give you the opportunity of listing all persons to whom we may and may not release your child(ren). This form will be kept on file for the duration of the school year. Persons may be added or deleted if done so in writing.

FAMILY NAME: \_\_\_\_\_

Public School District in which you live (Beavercreek, etc) \_\_\_\_\_

Public school your child would have attended (ie: Valley, Five Points, Stephen Bell): \_\_\_\_\_

May we have an email address? Name: \_\_\_\_\_

home \_\_\_\_\_ work: \_\_\_\_\_

Phone # (during school hours) \_\_\_\_\_ / \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

Part I Please list all persons to whom we may release your child(ren). Include the names of other family members, relatives and neighbors.

Name	Relationship to Child
_____	_____
_____	_____
_____	_____
_____	_____

Part II Please list the name of any person to whom you do not want us to release your child(ren). This information will be held in the strictest confidence. We must have copies of protection orders.

**If possible, please provide a photo of person/persons if this individual poses a threat.**

\_\_\_\_\_  
\_\_\_\_\_

Part III Please write any other instructions you may have for us regarding the release of your child(ren).

\_\_\_\_\_

Parent Signature

Date