

For Office Use Only:

_____ Date Rec'd

2020 – 2021 STUDENT RELEASE FORM/FAIRHAVEN SCHOOL
Trumbull County Board of Developmental Disabilities – Fairhaven School Program
420 Lincoln Way, Niles, OH 44446

Phone: 330-652-5811

Fax – School Office: 330-652-5864

Student's Name: _____ Teacher's Name: _____ Room #: _____

Address: _____ City/State/Zip: _____

Is custody involved with this child? No Yes *If yes, attach a copy of court documents please.*

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I/we grant permission to release our child only to those people listed below:

Indicate below who will pick up your child from school on a *regular* basis only: ***These individuals will not need a note from you giving permission to pick up your child.***

Indicate below other individuals who may pick up your child. ***These individuals will need a signed note from you giving permission to pick up your child.***

Indicate below individuals ***who may receive your child when dropped off by the bus***, in the event that you are not able to be there. If your child is a "parent" transport, please indicate this below.

As custodial parent/guardian, I/we are aware of the following:

1. If any names are to be added or removed from this list during the school year, I/we will take responsibility for informing the office staff of the changes and completing a new Student Release Form.
2. ***All persons*** picking up my/our child, including myself, ***must first stop at the front office to sign the child out.*** I/we will inform anyone picking up my/our child that he/she will need to ***present proper identification to the office staff.***
3. I/we must send a note to my/our child's teacher if anyone is picking up my/our child after school. The note must include the date, student's name, time of pickup, phone number where parent can be reached, name of person who is picking up, and custodial parent/guardian signature. The teacher will then notify our front office staff of this change.

Print Name

Signature of Custodian Parent/Guardian

Date