Bucyrus City School District
170 Plymouth Street
Bucyrus, OH 44820
419-562-4045

Parent Authorization for Release of Students from School

Bucyrus Elementary School

Student: _____ Grade: _____

Parent name: _____ Parent signature: _____

Home phone: _____ Parent cell phone: _____ Date signed: _____

There are occasions during the school day when students must leave school. When this situation occurs, it is necessary for the students to be "signed out" of the school office by a parent or someone designated by the parent as authorized to take the student from school. Students will not be permitted to leave school by themselves during the day, and students will only be released from the school office.

Parents may designate persons as being authorized to pick up students from school. They may do so by listing them on this form, signing dating, and returning it to school. The school will release students only to parent(s) or to the persons listed on this form, **NO EXCEPTIONS**! This form may be updated as necessary, and parents are requested to prepare for emergencies by listing other family members and/or neighbors and friends, as there may be times when it may be desirable to have someone other than the parent pick up a student for medical appointments, illness, etc.

Used of this form helps the school to assure that students are "signed out" of school by only those persons designated by the parent. Your support and cooperation are appreciated.

I authorize the Bucyrus City School District to release the student named above to the following persons during the school day. I understand that this procedure is used for the purpose of assuring that my child will be released by the school only to the persons I have listed below. I understand that it is my responsibility as the parent to see that this list is current and on file in the school office.

The following persons other than parents may sign the student out from school:

NAME	ADDRESS	PHONE	RELATIONSHIP TO STUDENT