

Permission for Annual Class Roster

Each year we prepare a roster for each of our classrooms. This roster will not be furnished to any person other than parents of children enrolled in our program.

I authorize the following to be listed on the parent roster: Please circle "Yes" or "No" in each column:

My child's name: YES/NO

Phone number

Parent/Guardian name: YES/NO

Work: YES/NO

Mobile: YES/NO

Home: YES/NO

Signature of Parent/Guardian: _____

_____ Date

Email Address: _____

Permission to Transport

Complete either Part I or Part II below. Do not complete both.

Part I:

I give Lorain City Schools my permission to transport my child/children _____ (name of child/children) to _____ (hospital/clinic) for emergency care or to _____ (dentist/clinic) for emergency dental care or to the nearest available source of assistance.

Signature of Parent/Guardian: _____

_____ Date

Part II:

I do not give permission to **Lorain City Schools** to transport my child/children _____ (name of child/children) for emergency medical or dental treatment. Instead, I wish the following action to be taken:

Signature of Parent/Guardian: _____

_____ Date