Vanlue Local School

301 S. East St.
Vanlue, OH 45890

Phone: 419-387-7724
Fax: 419-387-7722

Mr. Eric Valasek - Superintendent

Mr. Samuel Petrie – K-12 Principal

RELEASE OF STUDENT TO PARENT/GUARDIAN AFTER SCHOOL EVENT

Student(s) Name: _____

Event Date: _____Time: _____

Name of School Event: _____

Pickup Point/Location of Event: _____

Per Board of Education policy, by authorizing this form with my signature I agree that once my son/daughter is released to my custody, I assume full responsibility and release the Vanlue Local School District, its Board of Education, and all school officials/employees of any legal implications that would result from the District not transporting my child via school bus.

Filled out by Parent/Guardian:

Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____

Owner of Vehicle: _____

Driver of Vehicle: _____

Driver's License Number: _____

Make, Model, & Color of Transporting Vehicle: _____

Parent/Guardian Signature: _____ Date: _____