



Arlington Heights Nursery School
Established 1965

Child's Name _____ Date of Birth _____

Transportation Plan and Release Authorization **2010 - 2011**

My child will arrive at AHNS by: Parent Dropping Off Other
 If Other is checked, please describe how your child will arrive at AHNS:

I give permission for my child to be released to the following people. (If no one is authorized other than the parent/legal guardian please indicate below "NO ONE".) Please instruct everyone you authorize us to release your child to that they will need to bring a photo identification each time they pick your child up.

IF CHILD IS PROTECTED BY A RESTRAINING ORDER PLEASE SUBMIT ORDER TO AHNS.

Name _____ **Relationship** _____
Address _____ **Telephone #** _____
Alternate Telephone # _____ **Alternate Telephone #** _____

- I authorize AHNS to release my child to this person at any time
- I authorize AHNS to release my child to this person only on days when I have called and notified the office that he/she will be picking my child up.

Name _____ **Relationship** _____
Address _____ **Telephone #** _____
Alternate Telephone # _____ **Alternate Telephone #** _____

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- I authorize AHNS to release my child to this person only on days when I have called and notified the office that he/she will be picking my child up.

Parent/Guardian Signature: _____ **Date:** _____