



Pittsylvania County Schools
Parental Consent to Release Child to
Alternative After-School Care Transportation



Dear Parent:

You have requested that Pittsylvania County Schools release your child to an after-school care provider. It is understood that this provider will transport your child off of our school grounds. Please fill out the form below and return it to your child's principal.

Child's Name: _____

Child's School: _____

Child's Grade: _____ **Child's Teacher:** _____

Name of After-School Care Provider:

Telephone Number of After-School Provider:

I give permission for Pittsylvania County Schools to release my child to the after-school provider listed above. I understand that Pittsylvania County Schools assumes no responsibility for my child once received by the provider listed above.

Parent's/Guardian's Signature _____ **Date** _____

Contact/Emergency Telephone Number(s): (H) _____ (Cell) _____

(W) _____

It is understood that this permission will be in effect for the remainder of this school year unless you provide written notice to your child's school.