



DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
EUROPE – SOUTH DISTRICT
SIGONELLA COMPLEX SCHOOLS



ALTERNATE ESCORT RELEASE FORM

(Please Print)

STUDENT'S NAME: GRADE:

STUDENT'S NAME: GRADE:

STUDENT'S NAME: GRADE:

STUDENT'S NAME: GRADE:

STUDENT'S NAME: GRADE:

STUDENT'S NAME: GRADE:

SPONSOR: CELL PHONE:

SPONSOR'S SPOUSE: CELL PHONE:

SPONSOR'S EMAIL:

The following individuals are authorized to pick up my K-2nd grade child(ren) in my absence:

NAME: DOB:

RELATIONSHIP:

NAME: DOB:

RELATIONSHIP:

NAME: DOB:

RELATIONSHIP:

I am aware that my child(ren) will be taken back to the school if a designated adult is not at the bus stop when the bus arrives. I understand that any adult, including me, may be asked for a photo ID to confirm identification. If a photo ID cannot be produced, I understand my child(ren) will be taken back to the school for their safety. It is my responsibility to pick up my child(ren) from the school. I am also aware that bus riding privileges may be suspended if students are returned to the school more than twice during the school year.

Parent Name

Parent Signature