

# MAC-A-CHEEK LEARNING CENTER

1130 W. Sandusky Avenue Bellefontaine, Ohio 43311

Phone: 937-404-1263 Fax: 937-292-7035

Dr. Daniel Kaffenbarger  
Superintendent

Mary Mitchell  
Principal

## EARLY RELEASE FORM 2019-2020 SCHOOL YEAR

Because the school is responsible for the safety and well-being of your child, s/he will be released prior to the end of the school day only to a parent or a person authorized in writing only by the person whose name appears below.

Please provide the name for each person who is authorized for us to release your child to, prior to the end of the school day. An ID will be required to release the student.

Student's name: \_\_\_\_\_

Name

Relationship

(Friend, relative, neighbor, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The person whose names appear above may authorize the release of my child from school.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date