

Wallkill Central School District
Activity Release Form

Student Name:

(Print)

Name of Parent/Legal Guardian:

(Print)

Please check the one that applies and complete:

☐ I, the above named parent/guardian, will be responsible for the return of my child, _____, from the following activity: _____ on the following date: _____

☐ I, the above named parent/guardian, give permission to: _____ to transport my child _____ home from the following activity: _____ on the following date: _____, and authorize District representatives to release my child to this person at that time.

Signature of Parent/Guardian:

Date: _____