

STEP Up
Stockton Tutoring & Enrichment Program
Alternative Release Information
School Year 20 __ - 20 __

School _____

Child's Name _____ Birthdate _____ Age _____

Child's Address _____
NUMBERS/STREET APT CITY ZIP

Teacher _____ School Attending _____ Grade ____ Gender M F

Parent/Guardian _____ Phone day () _____ Phone eve. () _____

Parent/Guardian _____ Phone day () _____ Phone eve. () _____

CHECK ONE

Walk Home

My child has my permission to walk home from the STEP UP Program; therefore, I give my permission for the STEP Up staff to sign my child out of the STEP Up Program at the end of the daily program or no earlier than _____ p.m. daily.

The release time may change during the winter hours, due to earlier sunset time.

PLEASE NOTE: Once signed out, students are expected to leave the campus. Failure to do so may result in being released from the STEP Up program.

The following is NOT available at all sites

Bus

This school site has a bus available for students during the STEP Up program. My child has my permission to ride the Stockton Unified School District provided bus home from the STEP UP Program; therefore, **I give my permission for the STEP Up staff to sign my child out of the STEP Up Program at (time) _____ daily.**

I understand that my child will miss a significant amount of the STEP Up program by taking this form of transportation home as it is not provided at a later time.

Parent/guardian Signature _____ Date _____

Parent/guardian Signature _____ Date _____

*You must have the following approval:

Administrator Name: _____

***Administrator Signature** _____ **Date** _____