



ELOP: Expanded Learning Opportunity Program
Alternative Release Information
School Year 2023 - 2024

Child's Name: _____ Birthdate: _____ Age: _____

Child's Address: _____
NUMBERS/STREET APT CITY ZIP

Teacher: _____ School Attending: _____ Grade _____ Gender: M F

Parent/Guardian: _____ Phone number: _____

Parent/Guardian: _____ Phone number: _____

CHECK Please:

Walk Home - My child has my permission to walk home from the ELOP therefore, I give my permission for the ELOP staff to sign my child out of the ELOP at 6:00PM 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 need to leave the campus. Failure to do so may result in dismissal from ELOP.

Parent/guardian Signature: _____ Date: _____

Parent/guardian Signature: _____ Date: _____

You must have the following approval

Administrator Name: _____

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