**Congregation Ohev Beth Sholom**

**Religious School Authorization for Transportation Form**

We want to ensure the safety of your child(ren) in every possible way. We are requesting this form to be filled out with the names of all people who may be involved with driving your child(ren) at the end of the day’s session. Include phone numbers and the relationship to your child(ren). The driver may be asked to present a form of identification at the time of pickup. This list will be kept in our office for reference.

If your child is getting picked up by someone who is not on this list, please call our office at (330)744-5001 or send an email to ReligiousSchool@OhevBethSholom.org.

Thank you again for your full cooperation.

Name(s) of child(ren): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| DRIVER | RELATIONSHIP TO CHILD | PHONE # |
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