

Alexandria City Public Schools
Transportation Department
አሌ.ከሳንድሪያ ከተማ የህዝብ ትምህርት ቤቶች የመጓጓዣ ክፍል

Alternate Authorized Persons for Kindergarten/Special Education Release

ተለዋጭ የተፈቀደላቸው ሰዎች ለመዋለ ህጻናት ወይም ልዩ ትምህርት መለቀቅ

Date: _____
ቀን

እባክዎ በእንግሊዘኛ ብቻ ይጻፉ!

Student Name: <small>የተማሪ ስም:</small>	Student ID #: <small>የተማሪ መታወቂያ #:</small>		
Home Address: <small>የተማሪ ስም:</small>	Apt: <small>አፓርት:</small>	Zip: <small>ዚፕ:</small>	
Parent/Guardian Name(s): <small>የወላጅ ወይም ጠባቂ ስም(ዎች):</small>		Language Spoken by Parent/Guardian: <small>በወላጅ ወይም ጠባቂ የሚነገሩ ቋንቋዎች:</small>	
Phone Numbers: <small>ስልክ ቁጥሮች:</small>	Home: <small>ቤት:</small>	Work: <small>ስራ:</small>	Cell: <small>የእጅ:</small>
School: <small>ትምህርት ቤት:</small>			
Authorized Persons for Pick Up (other than legal guardians). Only 3 authorized names allowed. <small>ሌሎች የተፈቀደላቸው ሰዎች (ከህጋዊ ጠባቂዎች ሌላ): የሚቻለው 3 የተፈቀደላቸው ሰዎች ብቻ ነው።</small>			
Name of Authorized Persons <small>የተፈቀደላቸው ሰዎች ስም</small>	Relationship <small>ግንኙነት</small>	Telephone Number(s) <small>የስልክ ቁጥር(ሮች)</small>	
Parent/Guardian Signature: <small>የወላጅ ወይም ጠባቂ ፊርማ:</small>		Date: <small>ቀን:</small>	
Principal Signature: <small>የአስተዳዳሪ ፊርማ:</small>			
For Office Use Only: <small>ለቢሮ ስራ ብቻ:</small>			
Received by: _____ Date: _____ Time: _____			

Please note: This form must be submitted by 12 p.m. in order to be effective immediately. If submitted after 12 p.m., change will go into effect the following school day. Principals **MUST** approve in order to be processed.

እባክዎ ያስተውሉ፤ ይህ ቅጽ ወዲያውኑ ስራ ላይ እንዲውል እስከ ከ 12 ፕሌም ድረስ መላክ አለበት። ከ12 ፕሌም በሁዋላ ከተላከ፣ ለውጦቹ ስራ ላይ የሚውሉት በሚቀጥለው የትምህርት ቀን ይሆናል። ከንውኑ እንዲጸድቅ አስተዳዳሪዎቹ መፍቀድ አለባቸው።