



## Cloverleaf Local Schools

8525 Friendsville Road  
 Lodi, Ohio 44254  
 Telephone: (330) 948-2500  
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**Daryl Kubilus, Jr.**  
 Superintendent

**Robert E. Hevener**  
 Director of Curriculum and Instruction

**Jim Hudson**  
 Treasurer

Dear Parent/Guardian:

As a parent/guardian who has chosen to enroll your child in the 5-18 Club after school program at the Lodi Family Center, please complete and return the bottom portion of this form authorizing the school to transport.

Lodi Family Center 5-18 Club after school program is on K-2 = Mon. & Wed. and 3-12 = Mon. through Thur. throughout the 2017-2018 school year. Please understand there are a limited number of available seats on the bus. Seats will be given on a first-come-first-served basis.

C.E.S.  
 Wendy Thiry  
 School Counselor ( K/2/4)

C.E.S.  
 Lara Stafinski  
 School Counselor (1/3/5)

M.S.  
 Linda Todd  
 Middle School Office

H.S.  
 Carol Newberry  
 High School Office

### 5-18 CLUB After School Program Transportation Permission Slip

Please complete and return this slip to Mrs. Thiry or Mrs. Stafinski at Cloverleaf Elementary School, Mrs. Todd at Middle School and Mrs. Newberry at High School.

- I give permission for my child to be transported by the Cloverleaf Local School District (“District”) to the Lodi Family Center after school on Mon. & Wed. (K-2) or Mon. through Thur. (3-12) during the 2017-2018 school year.
- I understand that the District will not provide transportation from the Lodi Family Center back to my child’s school, bus stop or residence. I agree to arrange transportation for my child to be picked-up from the Lodi Family Center by 6:30 PM on those days that my child is transported to the Lodi Family Center by the District.
- I understand that the Lodi Family Center and the 5-18 Club are not affiliated with the District. Once released from the District-supplied transportation at the Lodi Family Center, my child will no longer be under the care or supervision of the District.
- I agree to hold harmless and indemnify the Cloverleaf Local School District Board of Education, its officers, members, employees and agents, in both their official and individual capacity, from any liability, damages or claims arising from my child’s participation in the Lodi Family Center 5-18 Club after school program.

Student’s Name \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Office Use only: Bus Route Assigned to: \_\_\_\_\_