



DR. NORMAN MILLER
SUPERINTENDENT

CENTRAL DAUPHIN SCHOOL DISTRICT

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GABRIEL OLIVERA
DIRECTOR OF SAFETY
& SECURITY

To: CDS Administration Date: _____

RE: _____
(Student Name and School)

(Student Name and School)

I _____ lawful parent and _____ lawful
(parent name) (parent name)

parent of the above named student(s) do hereby grant _____
(name)

day-to-day volunteer privileges of the above named students with the Central Dauphin School District. My signature below will serve as acknowledgment to the above stated conditions, and any change to the above must be submitted to the Central Dauphin School District in writing.

1. _____ 2. _____
(parent signature) (parent signature)