

Room# _____

Transportation Information

Please Print

Child's Name _____

Parent/Guardian name

Parent/Guardian name

Emergency Phone # _____

I authorize the following people to transport my child to or from school on a regular or occasional basis.

Name/Relationship to child

1. _____ / _____
2. _____ / _____
3. _____ / _____
4. _____ / _____
5. _____ / _____
6. _____ / _____

Parent's Signature

Date