

Transportation Form

Please check one:

_____ My child(ren) will be walking to/from school.

_____ My child(ren) will be dropped off/picked up from school.

(Complete the following section only if your child will be picked up from school)

The following persons are authorized to pick up my child/ren from school:

Name	Phone Number	Relationship to Child/ren

I understand this form gives permission to the above-named individuals to pick up my child. If I want to make changes, I must notify the office in writing. I understand that if I need someone other than the above-named individuals to pick up my child, a signed note must be submitted to the school office prior to picking up the child.

The following persons should not pick up my child/ren:

(Printed name of Parent/Guardian)

(Signature of Parent/Guardian)

____/____/____
(Date)