TRANSPORTATION PERMISSION FORM

ARCHDIOCESE OF WASHINGTON – Catholic Schools

For any student to be transported from school after daily dismissal, this form must be completed and signed by the parent/guardian of the student <u>prior</u> to pick-up.

Student's Name: _____ Sex: ☐ *Male* ☐ *Female* Birth Date: _____ *mm/dd/yyyy*

Home Address: _____

Home Phone: ( ) - _____ Alt. Phone: ( ) - ____ **Ext.**

Acknowledgment and Consent

I, _____ , am the only individual permitted to transport my child.
Parent/Guardian's Full Name

I, _____ , grant permission for my child, _____ ,
Parent/Guardian's Full Name   **OR**   *Print Student's Name*

to be transported from _____ after regular, daily dismissal by the following individual(s):
School Name

Individual #1: _____
Last   *First*   *M.I.* *(Jr,. III)*

Relation to Student: _____ Email Address: _____

Home Address: _____
Street Address   *Suite #*

City   *State*   *ZIP Code*

Home Phone ( ) - _____ Other Phone ( ) - ____ **Ext.**

Individual #2: _____
Last   *First*   *M.I.* *(Jr,. III)*

Relation to Student: _____ Email Address: _____

Home Address: _____
Street Address   *Suite #*

City   *State*   *ZIP Code*

Home Phone ( ) - _____ Other Phone ( ) - ____ **Ext.**

I understand and agree that any requests for alternative transportation arrangements, such as early dismissal or medical appointments, must be in a written note from the myself or another parent/ legal guardian that is signed and dated on the day of the request prior to dismissal.

Name of Parent/Guardian: _____
Print Parent/Guardian Full Name

Signature of Parent/Guardian: _____ Date: _____
Sign Your Name   *Today's Date*