

Child's Care and Emergency Information for Hub Transportation

School: Clyde Erwin New Bridge Middle (circle one)

AM Hub: _____ PM Hub: _____

Student Name: _____

Parent(s)/Guardian(s) Name(s):

_____ (relationship) _____

_____ (relationship) _____

Home #: _____

Work #: _____ / _____

Cell #: _____ / _____

Address: _____

Child's Date of Birth: _____ Grade: _____

Special Health Concerns:

My child has permission to walk home from the hub site: (JCM, SWM, CEEM, NBMS, JCM, NWPM only)

Yes _____

No _____

Names of Persons Other Than Parent To Whom Child May Be Released *With Appropriate Picture Identification:*

(1) _____ (2) _____

(3) _____ (4) _____

- *If someone other than the designated persons above needs to pick up your child, 24 hour written notice is required.*

Parent/Guardian Signature: _____ Date: _____