



# TRANSPORTATION PERMISSION FORM

THE ROMAN CATHOLIC 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 prior 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*

OR

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_,

*Parent/Guardian's Full Name*

*Print Student's Name*

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

### Individual #1:

Relation to Student: \_\_\_\_\_ Email Address: \_\_\_\_\_  
*Last First M.I. (Jr., III)*

Home Address: \_\_\_\_\_

\_\_\_\_\_  
*Street Address Suite #*

Home Phone ( ) - \_\_\_\_\_ Other Phone ( ) - \_\_\_\_\_ Ext. \_\_\_\_\_  
*City State ZIP Code*

### Individual #2:

Relation to Student: \_\_\_\_\_ Email Address: \_\_\_\_\_  
*Last First M.I. (Jr., III)*

Home Address: \_\_\_\_\_

\_\_\_\_\_  
*Street Address Apartment #*

Home Phone ( ) - \_\_\_\_\_ Other Phone ( ) - \_\_\_\_\_ Ext. \_\_\_\_\_  
*City State ZIP Code*

# OR

I, \_\_\_\_\_ grant permission for my child(ren),

\_\_\_\_\_  
*Parent/Guardian's Full Name*

\_\_\_\_\_  
*Print Student's Name*

to be transported from \_\_\_\_\_ by a 3rd party transportation company: \_\_\_\_\_  
*School Name* *Name of Company*  
that will be arranged by the parent or guardian.

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 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*