

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: ☐ ☐ Birth Date: _____
Male Female 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:

<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>(jr, III)</i>
Relation to Student:	Email Address:		

Home Address: _____

Street Address

Suite #

	<i>City</i>			<i>State</i>	<i>ZIP Code</i>
Home Phone	()	-	Other Phone	()	- Ext.

Individual #2:

<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>(r, III)</i>
Relation to Student:	Email Address:		

Home Address: _____

Street Address

Apartment #

	<i>City</i>			<i>State</i>	<i>ZIP Code</i>
Home Phone	()	-	Other Phone	()	- Ext.

PLEASE TURN OVER-->

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