

CHILD TRANSPORTATION FORM 2018-2019

Family Name _____

Child/Children _____

The following people have permission to pick up my child/children from school, including the event of an emergency. *PARENTS, PLEASE INCLUDE YOUR OWN NAMES ON THIS LIST.*

Name _____ Relationship to Child _____

Phone Number _____

Name _____ Relationship to Child _____

Phone Number _____

Name _____ Relationship to Child _____

Phone Number _____

Name _____ Relationship to Child _____

Phone Number _____

Name _____ Relationship to Child _____

Phone Number _____

Name _____ Relationship to Child _____

Phone Number _____

Name _____ Relationship to Child _____

Phone Number _____

Parent/Guardian Signature _____ Date _____