



TRANSPORTATION AUTHORIZATION
2018-2019

Child's Name _____

Teacher: _____ **Date of Birth:** _____

THIS INFORMATION IS EXTREMELY IMPORTANT. WE CANNOT RELEASE A CHILD TO ANY PERSON OTHER THAN THOSE LISTED BELOW UNLESS WE HAVE A WRITTEN NOTE FROM THE PARENT/GUARDIAN. PLEASE PRINT OR TYPE.

Please designate who is authorized to drop off and pick-up your child(ren). If you plan to use a car pool, please list all drivers that are participating.

DROP-OFF TIME: _____ **PICK-UP TIME:** _____

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

The above persons have my permission to pick up my child from school at any time. Any others will be written in a note and turned into the office in advance of pick-up. Identification will be checked.

Signatures of Parents or Guardians

_____ Date _____