



# TRANSPORTATION PERMISSION FORM

FORM 12

## 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

**OR**

I, \_\_\_\_\_, am the only individual permitted to transport my child.  
*Parent/Guardian's Full Name*

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to be transported from \_\_\_\_\_ after regular, daily dismissal by the following individual(s):  
*Parent/Guardian's Full Name* *Print Student's Name*  
*School Name*

#### Individual #1:

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

Home Address: \_\_\_\_\_  
*Street Address* *Suite #*

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

#### Individual #2:

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

Home Address: \_\_\_\_\_  
*Street Address* *Suite #*

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

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 the 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*