FORM 12

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: _____

Last *First* *M.I.* *(Jr., III)*

Relation to Student: _____ Email Address: _____

Home Address: _____

Street Address *Suite #*

_____

City *State* *ZIP Code*

Home Phone ( ) - _____ Other Phone ( ) - **Ext.** _____

Individual #2: _____

Last *First* *M.I.* *(Jr., III)*

Relation to Student: _____ Email Address: _____

Home Address: _____

Street Address *Apartment #*

_____

City *State* *ZIP Code*

Home Phone ( ) - _____ Other Phone ( ) - **Ext.** _____

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*