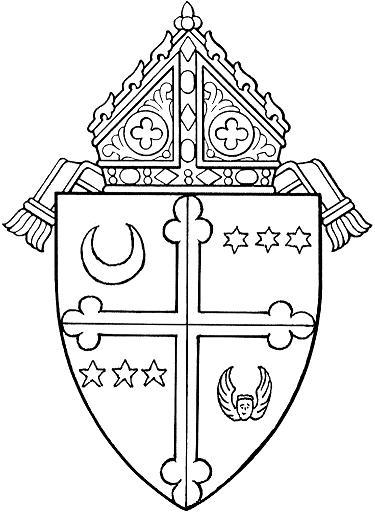
Transportation Permission Form

The Roman Catholic Archdiocese of Washington – Catholic Schools

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| 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. |

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| Student’s Name: | |  | Sex: | ☐ | ☐ | Birth Date: |  |
|  |  | | *Male Female mm/dd/yyyy* | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home Address: | |  | | |
|  | |  | | |
| Home Phone: | **(     )     -** | | Alt. Phone: | **(   )     -      Ext.** |

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| 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.** | | | | | | |

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| 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. |

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| Name of Parent/Guardian: | |  | | | | | | |
|  | |  | | | | | | |
|  | *Print Parent/Guardian Full Name* | | | | | | | |
| Signature of Parent/Guardian: | | |  | | | Date: | |  |
|  | | | | *Sign Your Name* |  | | *Today’s Date* | |