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 |
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| 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):  |

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 *School Name*

|  |  |  |  |  |
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| **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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| ORI, 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* |