



TRANSPORTATION PERMISSION FORM

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

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. (r, III)

Relation to Student: _____ Email Address: _____

Home Address: _____

Street Address Suite #

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

Individual #2:

Last First M.I. (r, III)

Relation to Student: _____ Email Address: _____

Home Address: _____

Street Address Apartment #

Home Phone _____ Other Phone _____
City State ZIP Code
() - - 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: _____

Sign Your Name

Date: _____

Today's Date