

TRANSPORTATION AUTHORIZATION FORM

This information will be kept on file as reference for any staff member involved in receiving or dismissing your child. Please inform us promptly of any change. Children will be released only to those persons you authorize.

Please include your name on the list if you will be transporting your child.

_____ will be transported to/from school only by the following persons:
Name of child

Name	Relationship	Phone

I understand that I must inform the school in writing of any changes.

Parent's Signature _____ **Date** _____