



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

I, _____, grant permission for my child, _____, to be transported from _____ after regular, daily dismissal by the following individual(s):
Parent/Guardian's Full Name **OR** *Print Student's Name*
School Name

Individual #1: _____
Last First M.I. (Jr., 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. (Jr., III)

Relation to Student: _____ Email Address: _____

Home Address: _____
Street Address Suite #

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

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 the 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