

# TRANSPORTATION PERMISSION FORM

Please complete the following information to provide transportation permission for your child.

Student Name: \_\_\_\_\_  
*Last* *First* *Middle*

Date of Birth: \_\_\_\_\_ (MM/DD/YYYY) Grade: \_\_\_\_\_

## Walk/Bike

- I authorize my child to walk/bike to and from school each day during the school year.
- I do not authorize my child to walk home from school.

Specific Route/Instructions: \_\_\_\_\_  
\_\_\_\_\_

## Transportation to/from School-Related Events

- I authorize any school-approved volunteer driver to transport my child by motor vehicle to/from school-related events. A volunteer driver is reviewed and approved as a qualified driver by the school.
- I do not authorize the transportation of my child by motor vehicle to/from school-related events.

Parent/Legal Guardian (Please Print): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_