

STUDENT TRANSPORTATION

2016 - 2017

FAMILY NAME _____

NAMES OF CHILDREN

These are the people who have my permission to pick up my child(ren) at dismissal. Please give name and phone number.

_____ Phone _____

_____ Phone _____

_____ Phone _____

_____ Phone _____

If someone other than those listed above should be picking up your child, please call the school office.

Parent Signature _____