

For Office Use Only Date/Time Received:

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TRANSPORTATION PERMISSION FORM

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

Student Name: 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. **Self-Transportation to/from School-Related Events** (High School Students Only) ☐ I authorize my child to transport him/herself by motor vehicle to/from school-related events. ☐ I do not authorize my child to transport him/herself by motor vehicle to/from schoolrelated events. Parent/Legal Guardian (Please Print): Parent/Legal Guardian Signature: ______