School Age Child Transportation Agreement

_________________________________________ attends ________________________________________

(Child Name)  ( School)

Please check which days you need transportation:

☐ Monday  ☐ Tuesday  ☐ Wednesday  ☐ Thursday  ☐ Friday

Approximate time of drop off: _______ Approximate time of pick up: _______

Please note any special schedules: ____________________________________________

They will be transported/escorted between the child care facility and the school by

(check applicable type):

☐ School Bus  ☐ Head Start Bus  ☐ Child Care Facility  ☐ arrive/depart unescorted with my permission

If my child is not at the designated pickup site, or does not arrive as planned, please contact:

☐ Parent or Guardian at (___)___________  or  ☐ School at (___)___________ in order to confirm the child’s whereabouts, as well as devise a plan as needed to locate the child.

My child also has permission to (specify, e.g. work with teach after school, attend an extracurricular class or meeting, depart for home at specific time):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

PARENT/GUARDIAN SIGNATURE  DATE