



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, or

Arrive/depart unescorted with my permission, or

Child Care Center transportation

(School-age Centers only: transportation will be by center vehicle or personal vehicle, and will be driven by Center staff or a volunteer.)

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

Parent or Guardian at (_____) _____ 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 their teacher after school, attend an extracurricular class or meeting, and/or depart for home at specific time):

PARENT/GUARDIAN SIGNATURE

DATE