

TRANSPORTATION AND STUDENT CHECK OUT AUTHORIZATION

Student Name : _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Last First </div>	Address: _____ _____
Teacher Name: _____ Grade: _____	Home Phone: _____ Cell Phone: _____
TRANSPORTATION: BUS # _____ CAR: YES / NO NAME OF DAY CARE:	
Father's Name:	Mother's Name:
Step Father's Name:	Step Mother's Name:
Foster Father's Name:	Foster Mother's Name:
Who does child live with:	
Who has LEGAL (as determined by the court) custody?	
* Restricted Pick Up: A copy of the court order stating custody must be provided to the school.	

Please list the people authorized to check out your child. Only those listed will be allowed to check your child out of school.

NAME	WORK NUMBER	HOME NUMBER	RELATIONSHIP

