

UNDERSTANDING OF TRANSPORTATION OBLIGATION

We/I the undersigned parent(s)/guardian(s), do hereby give permission for our child to drive/ride to and from the classroom site. Furthermore, we verify that our child has automobile insurance, or is covered under our automobile insurance policy. The parent(s)/guardian(s) will define guidelines regarding this privilege (*see below*).

Name of student: _____ I.D. # _____

Street address: _____ Telephone _____

City: _____ State: _____ Zip: _____

As the parent/guardian of the above named student, we also direct that the following transportation guidelines apply to the student:

_____ May drive to and from the classroom site:

Automobile insurance company (if driving): _____

Name of Agent: _____

Account/Member Number: _____ Telephone _____

Street address: _____

City: _____ State: _____ Zip: _____

_____ May not drive to and from the classroom site, but may be a passenger in:
(please specify by checking one below)

_____ A school/contracted vehicle _____ Parent approved alternative transportation

Parent/Guardian name – **please print**

Student name – **please print**

(Parent/Guardian signature)

(Student signature)

(date)

(date)