



# TRANSPORTATION PERMISSION FORM

FORM 12

ARCHDIOCESE OF WASHINGTON – Catholic Schools

Student's Name: \_\_\_\_\_ Sex:  Male  Female Birth Date: \_\_\_\_\_  
*Print Student's Legal Name* *mm/dd/yyyy*

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

## Acknowledgement and Consent

I, \_\_\_\_\_, am the only individual permitted to transport my child.  
*Parent/Guardian's Full Name*

OR  
I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_,  
*Parent/Guardian's Full Name*

to be transported from St. Mary's School of Piscataway after regular, daily dismissal by the following individual(s):

**Individual #1:** \_\_\_\_\_  
*Last First M.I. (jr, III)*

Relationship to Student: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

**Individual #2:** \_\_\_\_\_  
*Last First M.I. (jr, III)*

Relationship to Student: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

I understand and agree that any requests for alternative transportation arrangements, such as early dismissal or medical appointments, must be in a written note from myself or another parent/legal guardian that is signed and dated on the day of the request prior to dismissal.

Name of Parent/Guardian: \_\_\_\_\_  
*Print Your Name*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
*Sign Your Name Today's Date*