

Please fill out only one side of this form, either Morning or Afternoon session

**St. Joseph Preschool
Transportation for Morning Class Students
2017-2018 School Year**

Student's Name: _____

Transportation to School

Car (Religion arrive 7:55) _____

(No religion arrive 8:15) _____

Before and After Program _____

Bus (With older sibling) _____

Special Instructions:

Transportation from School

Car (pick up at 11:15) _____

I give permission for the following person/people to pick up my child(ren):

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Please list any persons who may NOT pick up your child:

Name _____ Relationship _____

Name _____ Relationship _____

Signature

Date

-OVER-

St. Joseph Preschool
Transportation for Afternoon Class Students
2017-2018 School Year

Student's Name: _____

Transportation to School

Car (Religion arrive 11:55) _____

(No religion arrive 12:15) _____

Transportation from School

Car (pick up at 3:15) _____

Before and After Program _____

Bus (With older sibling) _____

Special Instructions:

I give permission for the following person/people to pick up my child(ren):

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Please list any persons who may NOT pick up your child:

Name _____ Relationship _____

Name _____ Relationship _____

Signature

Date