



The Hathaway School
50 Blaney Street
Swampscott, MA 01907
Phone: 781-595-5859 Fax: 781-595-7064

TRANSPORTATION AUTHORIZATION: 2010 – 2011

***MUST be filled out by ALL parents REGARDLESS if child is transported**

Student Name: _____

My child will arrive at school and/or the after-school program by:

- Parent Drop-off
 - Supervised Walk
 - Unsupervised Walk
 - School Bus Drop-off
 - Program Bus or Van
 - Other (Describe: _____)
- Pick-up address or Name of School(if your child is transported):**

Phone: _____

My child will depart from school and/or the after-school program by:

- Parent Pick-up
 - Supervised Walk
(who: _____)
 - Unsupervised Walk
 - Program Bus or Van
 - Other (Describe: _____)
- PM Drop-off address (if your child is transported):**

Phone: _____

I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day and in an emergency.

1. Name _____ Relationship: _____
Address: _____ Phone: _____
2. Name _____ Relationship: _____
Address: _____ Phone: _____
3. Name _____ Relationship: _____
Address: _____ Phone: _____

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. THIS PERMISSION IS VALID FOR ONE YEAR FROM THE DATE OF SIGNATURE.

Parent Signature: _____ **Date:** _____