



The Hathaway School
Transportation Plan & Authorization
To be filled out by all parents regardless if child is transported

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

- SUPERVISED WALK **PICK-UP ADDRESS or NAME OF SCHOOL:**

- UNSUPERVISED WALK _____
- SCHOOL BUS DROP OFF _____
- PROGRAM BUS or VAN TEL. _____
- OTHER (DESCRIBE _____)

MY CHILD WILL DEPART FROM THE PROGRAM BY:

- PARENT PICK-UP
- OTHER (DESCRIBE _____)
-
- UNSUPERVISED WALK
- SUPERVISED WALK (WHO _____)
-
- PROGRAM BUS or VAN **PM DROP-OFF ADDRESS:**

- OTHER (DESCRIBE _____) _____
- TEL. _____

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: _____ 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 PROGRAM YEAR FROM THE DATE OF SIGNATURE.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____