



Transportation Authorization

Student's Full Name _____

Parent's/Guardian's Name _____

Land Line _____ Cell _____

Work Phone _____

Please fill out the following information regarding transportation to and from school for the above student by checking all that apply and listing the names requested.

____ The above student has permission to transport himself to or from school by bicycle or walking.

____ In addition to the parent/guardian, the above student may be transported by the following people:

Name _____ Name _____

Name _____ Name _____

____ The above student **NOT** to be picked up by the following people:

Name _____ Name _____

Name _____ Name _____

I understand that if the above student is to be transported from Buffalo Creek Boys School at the end of the day by someone other than the individuals authorized on this form, I will send a note granting permission specific to that arrangement.

Signature _____ Date _____