



Child Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

PARENT DROP OFF

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT PICK UP

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

If you have selected other please list below or the school must be notified of alternate transportation on any specific school day if necessary.

Mansfield Little School Carpool:

Mr. or Mrs. _____

Mr. or Mrs. _____

Or:

Name: _____

Phone #: _____

Address: _____

Relationship: _____

Name: _____

Phone #: _____

Address: _____

Relationship: _____

PARENT /GUARDIAN SIGNATURE _____ DATE _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION