

Day _____
Date _____
Time _____

AUTHORIZATION FOR EMERGENCY/NONROUTINE TRANSPORTATION

Name of student _____ Birthdate _____

Home address _____ Telephone _____

Integration program (check if applicable) _____ PWT _____ CAP _____ SAT _____ CVP _____ Magnet _____

Other special program (specify) _____

Name of parent/guardian _____

Work address _____ Telephone _____

Name of other responsible adult _____

Address _____ Telephone _____

Description of problem _____

School requesting assistance _____ Telephone _____

Signature of principal/designee authorizing transportation

Name of adult who will receive child

Relationship

Name of individual providing transportation

Name of accompanying adult

Signature of individual providing transportation

Time of departure
am/pm (circle one)

Signature of adult receiving student

Time of arrival
am/pm (circle one)

one copy of this form to be retained by school
one copy to be given to adult providing service