



Transportation Permission

Today's Date: _____

I _____ authorize ACADEMIA DE MI ABUELA
(Parent / Guardian Name) *(Provider's Name)*

to transport my child _____ by _____.
(Child's Name) *(Transportation type)*

This travel will occur on a (Daily, Weekly, Monthly, One Time, As Needed) basis.
(Please Circle One)

Special Remarks or Concerns: SEE SCHOOL YEAR CALENDAR &
PARENT HANDBOOK FOR SPECIFIC INSTRUCTIONS REGARDING
ALL SCHOOL FIELD TRIPS

- All transportation will be conducted in accordance with state transportation laws and requirements
- All vehicles will be appropriately licensed and insured
- Your child will be transported in an approved child safety seat or will wear a seat belt as required

Parent / Guardian Signature

Printed Name

Relationship

Date