



Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Program Name: **Alcott School**

Facility ID Number: **630614**

Please complete the statement which applies to your child:

- I assume full responsibility for my child in route to and from Alcott School.
- I have entered into a transportation agreement with \_\_\_\_\_  
(Bus Company)  
to transport my child to and from Alcott School. I assume full responsibility for my child from my home to the transporting vehicle and from the transporting vehicle to my home.

Signature of Parent/ Guardian\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please note that the term Guardian applies to the child's LEGAL guardian, e.g., DSS or natural parents are the usual legal guardians for foster children.

06/2019