TRANSPORTATION PARENT AUTHORIZATION 2022-2023

Student Name:		Grade:	Teacher:	
Home Address:				
Home Phone #:		Apt/Bldg #:		
Cell Phone #:		Work #:		
_			ce, one (1) address for afternoon sepermanent form of transportation.	ervice, an
Selecting the transport	ation below informs the s	chool of how your st	udent will be transported every o	day.
CIRCLE ONLY ONE for each	Morning Arrival		Afternoon Dismissal	
	GCPS BUS		GCPS BUS	
	CAR RIDER		CAR RIDER	
	DAY CARE FACILITY		DAY CARE FACILITY	
	CHILD CAREGIVER		CHILD CAREGIVER	
Name of day care facility/caregiver:		Day	care/caregiver Phone:	
(Street Address)	(Apt#)	(City)	(Zip Code)	
DATE TO BEGIN:	veek. effect after this request has 		rm before services begins. tered by the GCPS Transportation S	iupervisoi
I authorize Trip Elementary to	valking to, from and waiting provided is correct, and I amount of dismiss my child in the after tion Parent Authorization Forme address. are NOT permitted to ride and any form this day for the same address.	m the parent/legal gua ernoon using the above orm on file with the sch any GCPS Bus	rdian of the child listed above. e selected transportation method. nool will be transported on GCPS bu	s to their
o.oatare is required to process	requesti			
 Parent/Guardian Name (print)	Parent/Gu	ardian Signature	 Date	