



## Private Transportation Permission School year 20\_\_-20\_\_

Student(s) Name \_\_\_\_\_

Please complete the following to provide information regarding your child's transportation arrangements to and from school.

NOTE: THIS IS AN INFORMATIONAL FORM ONLY. THIS DOES NOT REPLACE YOUR NEED TO REQUEST BUSING FROM YOUR PUBLIC SCHOOL DISTRICT.

**MY CHILD WILL BE USING PUBLIC SCHOOL BUS TRANSPORTATION EVERYDAY**

Public school busing information:

School district providing busing to school \_\_\_\_\_

School district providing busing home from school \_\_\_\_\_

**MY CHILD WILL BE TRANSPORTED BY PRIVATE CAR EVERYDAY**

Private Transportation Information and Permission

My Student Will Be Transported By Car:

➤ Mornings: (name of person providing transportation) \_\_\_\_\_

➤ Afternoons: (name of person providing transportation) \_\_\_\_\_

**I give my permission for the following people to transport my student to and from Lima Christian School as needed:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_