

INTERNATIONAL ACADEMY OF ARTS AND SCIENCES

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⑮ Transportation Authorization

Child's Name: _____ Date of Birth: _____

Address: _____

Telephone: _____

The following individuals have permission to transport my child to or from school:

_____ Mother

_____ Father

_____ Relative Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

_____ Friend Name: _____

Name: _____

Name: _____

_____ School Bus

I understand that my child will, under no circumstances, be released to any individual whose name I have not entered above without my express written permission. My verbal (telephone) permission may only be granted in emergency situations where previous plans could not be made.

Print Name of Parent/Guardian: _____

Signature: _____ Date: _____

Relationship to Child: _____