MANSFIELD ELEMENTARY SCHOOL
Transportation/Student Release/Check-Out Permission Card
2016-2017

Student Name: _____
Last Name First Name Middle

Address: _____ Home#: _____
Street address City

1. Parent/Guardian Name: _____ Wk#: _____ Cell#: _____
Email_____

2. Parent/Guardian Name: _____ Wk#: _____ Cell#: _____
Email_____

Homeroom Teacher: _____ Grade: _____ Siblings names_____

_____ riding **BUS Route#** _____ Bus driver name_____
Destination if other than home address _____
_____ Walker #_____
_____ riding the (***daycare name***) _____ daycare van
_____ car rider **Car Tag #**_____
_____ other (specify)

Who is allowed to pick your child up from school? This includes car riders, illnesses, appointments, emergencies, going home with a friend, etc. ***NOTE: PHOTO ID IS REQUIRED TO CHECK OUT A STUDENT***
In order to limit interruption during the instructional day, please make transportation changes in **writing or in person** prior to beginning the school day. **All changes must be received before 1:00p.m. No Early checkouts after 1:30 p.m.**

I give permission for my child to be released to or checked out by the following adults:

1. _____ Relation: _____ Phone# _____ Cell# _____
2. _____ Relation: _____ Phone# _____ Cell# _____
3. _____ Relation: _____ Phone# _____ Cell# _____
4. _____ Relation: _____ Phone# _____ Cell# _____
5. _____ Relation: _____ Phone# _____ Cell# _____
6. _____ Relation: _____ Phone# _____ Cell# _____

** Please refer to your child's agenda

The Student Release/Transportation Form is used to insure that your child arrives home in the manner you desire, DUE TO SAFETY CONCERNS, CHANGES IN THE INSTRUCTIONS FOR THIS FORM MUST BE MADE IN SUCH A WAY AS TO DOCUMENT THAT THE CUSTODIAL PARENT HAS MADE THE CHANGES. THEREFORE, ALL CHANGES SHOULD BE MADE IN PERSON, FAXED WITH DRIVERS LICENSE, OR WRITTEN WITH NOTARY SEAL AFFIXED

I have read, and understand the STUDENT TRANSPORTATION POLICY and have designated choices as appropriate above.
Parent/Guardian Signature: _____ Date: _____