



Transportation Form 2016-2017

LINTON HALL SCHOOL

Student's Name _____ Grade _____

I authorize the following family members, friends, parents, colleagues, or their drivers to pick up my child from Linton Hall School and/or from the Linton Hall School Extended Day Program. LHS will assume the list you are providing includes your established carpool drivers.

If your child is to leave with anyone, other than your established carpool, it is necessary for you to send a note to school with your child to include the name of the driver picking s/he up. Please fill out entire form and sign on the appropriate line. If needed, please use the back for additional names.

Name: _____

Relationship: _____ Phone: (____) _____

Name: _____

Relationship: _____ Phone: (____) _____

Name: _____

Relationship: _____ Phone: (____) _____

Name: _____

Relationship: _____ Phone: (____) _____

Name: _____

Relationship: _____ Phone: (____) _____

Parent/Guardian Signature

Date

I **DO NOT** authorize the following person(s) to pick up my child:

Name: _____

Relationship: _____ Phone: (____) _____

Name: _____

Relationship: _____ Phone: (____) _____

Parent/Guardian Signature

Date