



Transportation Form 2017-2018

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. We will ask for ID of anyone we have not met on your list to confirm.** If needed, please use the back for additional names.

Authorized Pick Up List:

1. Name: _____
Relationship: _____ Phone: (____) _____
2. Name: _____
Relationship: _____ Phone: (____) _____
3. Name: _____
Relationship: _____ Phone: (____) _____
4. Name: _____
Relationship: _____ Phone: (____) _____
5. Name: _____
Relationship: _____ Phone: (____) _____

Authorized Pick Up List:

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

1. Name: _____
Relationship: _____ Phone: (____) _____
2. Name: _____
Relationship: _____ Phone: (____) _____

Parent/Guardian Signature

Date