



LINTON HALL  
SCHOOL

# Transportation Form 2018-2019

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.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

## Authorized Pick Up List:

- Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
- Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
- Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
- Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
- Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## Authorized Pick Up List:

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

- Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
- Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_