



Title I Literacy and Math Summer Program Transportation

Date: _____

Need Transportation? YES NO

Child's Name: _____ Grade Completed _____

****REQUIRED:** Email Address: _____

Working Contact Phone #: _____

Pick-up Address: _____

Drop-off Address: _____

_____ I will be at the bus stop to pick up my child after Title I Summer School.

_____ My child has my permission to get off the bus after Title I Summer School if I am not there.

In case of Emergency:

1. Contact Name: _____ Working Contact Phone: _____

2. Contact Name: _____ Working Contact Phone: _____

If your child will be attending the summer program, please fill out the transportation information and sign below as well as fill out the attached emergency card before returning.

X _____
Parent Signature / Date

Is there anything the bus driver needs to know about your child to help them have a good ride?

