

STEWARD STATION

261 Perkins Row Topsfield MA 978-887-2665

TRANSPORTATION PLAN & AUTHORIZATION

7.09(3) & 7.12 (10)

CHILD'S NAME _____

Before School Program

My child will arrive at the program: ____parent drop off

My child will depart from the program: ____supervised walk to designated Steward
School areas

____supervised walk to bus#25 to Proctor

After School Program

My child will arrive at the program: ____supervised walk to the designated area

____Bus #25 from Proctor(staff will meet bus

My child will depart from the program ____parent Pick up

I give permission for my child to be released from the program at the end of the day as stated above and/or I give permission to the following people to receive my child at the end of the day. (If none is authorized, please indicate by writing "NO ONE")

1. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

2. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

3. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

ANY OTHER TRANSPORTATION REQUEST MUST BE STATED
IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR
THE ABOVE PLAN MUST BE IMPLEMENTED. THIS
PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM
THE DATE OF SIGNATURE.

PARENT/GUARDIAN SIGNATURE _____

DATE _____