



Date: _____

Children:

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

Name of Parent Completing this Form: _____

Please read the following permissions carefully as they require separate signatures.

I understand that this transportation authorization, or my decision not to authorize any of the following portions, is valid indefinitely for EACH YEAR that my child is enrolled as a student here at EPCS, unless I ask for a new form and want to make changes to it.

Parent Signature: _____

School District and Bussing Information

Our family lives in the _____ School District.

I understand that it is my responsibility to contact that school district if I choose to arrange for bus transportation for my child(ren). I will send proof of that communication to the EPCS office EACH school year.

Parent Signature: _____

Student Driver/Rider Permissions

I understand that once my child is licensed for driving and it's decided that they will drive themselves or any others to or from school, I need to request special permission forms that need to be completed by all students and parents involved before that can happen.

Parent Signature: _____



Date: _____

Authorization for Alternate Pick Up

The following people are authorized to pick up my child from school:

Name: _____ Relationship: _____ Phone: _____ - _____ - _____

Name: _____ Relationship: _____ Phone: _____ - _____ - _____

Name: _____ Relationship: _____ Phone: _____ - _____ - _____

Name: _____ Relationship: _____ Phone: _____ - _____ - _____

Name: _____ Relationship: _____ Phone: _____ - _____ - _____

Name: _____ Relationship: _____ Phone: _____ - _____ - _____

Name: _____ Relationship: _____ Phone: _____ - _____ - _____

1. I ask that you please accept this as my written permission for my child(ren) to be dismissed to any of the following people
2. I understand that I need to notify the office on any given day when these alternate pick up options are going to take place,

Parent Signature: _____

Authorization for Participation in Field Trips and Special Activities

From time to time the teachers are able to arrange field trips and special activities that are considered an important part of the educational program or an enrichment of the school life. These may include activities such as visits to a zoo, museum, park, or organized physical activities such as cross country skiing or interscholastic games.

These trips are usually within the school day with transportation by private vehicles. The children are closely supervised at all times by personnel.

Rather than request your permission for each individual trip or activity, we request your general permission that will cover all field trips. You may reserve the right to decline any trip. Notices will be sent to inform you of each trip.

___ I give EPCS my permission to take my above listed children on field trips. I will inform EPCS of any trips I wish to decline for any of my children.

___ I do NOT give EPCS the above permission.

Parent Signature: _____