



Transportation Release Form Summer 2018 & 2018 – 2019 School Year

Child's Name: _____

Date of Birth: _____

Please complete the statement which applies to your child:

- I assume full responsibility for my child in route to and from Alcott School.
- I have entered into a transportation agreement with _____
(Bus Company)
to transport my child to and from Alcott School. I assume full responsibility for my child from my home to the transporting vehicle and from the transporting vehicle to my home.

Signature of Parent/ Guardian*: _____ Date: _____

If your child receives Preschool or Early Intervention Special Education Services, please read the following:

I authorize Alcott School

- to transmit to the Westchester County Department of Health any information needed to arrange bus transportation for my child (e.g., pick up/drop off sites; emergency numbers, etc.)
- to share progress reports with my child's school district and the Westchester County Department of Health.

I agree to allow the transportation company contracted by the Westchester County Department of Health to transport my child to and from the Alcott School.

Signature of Parent/ Guardian*: _____ **Date:** _____

*Please note that the term Guardian applies to the child's LEGAL guardian, e.g., DSS or natural parents are the usual legal guardians for foster children.