Ms. Claudia's Transportation

Transportation Service Application

Parent/Guardian Information Start Date: _____

- Name: _____
- Phone Number/s: _____
- Email Address: _____
- Address: _____

Child Information

- Child's Name: _____
- Age: _____ Grade: _____ School: _____
- Allergies/Special Needs: _____

Transportation Details

Time Needed: Morning _____ Afternoon_____ Evening _____

- Pick-Up Address: _____
- Drop-Off Address: _____

Time Needed: Morning _____ Afternoon_____ Evening _____

- Pick-Up Address: _____
- Drop-Off Address: _____

Time Needed: Morning _____ Afternoon_____ Evening _____

- Pick-Up Address: _____
- Drop-Off Address: _____

Emergency Contact Information

- Name: _____
- Relationship to Child: _____
- Phone Number/s: _____

Media Authorization

I hereby authorize Ms. Claudia's Village Academy (MCVA) to use photographs of my child in school social media and website.

Parent/Guardian Signature: _____

Acknowledgment

I hereby give my consent for my child to participate in the transportation service provided by MCVA. I understand that all necessary precautions will be taken to ensure the safety of my child during transportation.

Parent/Guardian Signature: _____Date: _____