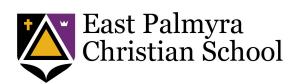


SAFE PICK-UP

	Date:
Children:	
	DOB:
Name of Parent Completing this Form:	
Please read the following permissions carefully	as they require separate signatures.
I understand that this transportation authorization following portions, is valid indefinitely for Extudent here at EPCS, unless I ask for a new for	ACH YEAR that my child is enrolled as a
Parent Signature:	
School District and Bussing Information	
Our family lives in the	School District.
I understand that it is my responsibility to conta arrange for bus transportation for my child(ren) to the EPCS office EACH school year.	
Parent Signature:	
Student Driver/Rider Permissions	
I understand that once my child is licensed for themselves or any others to or from school, I ne that need to be completed by all students and	eed to request special permission forms
Parent Signature:	



SAFE PICK-UP

Authorization for Alternate Pick Up

The following people are	authorized to pick up my chil	d from school:
Name:	Relationship:	Phone:
Parent Signature:	going to take place,	
From time to time the te are considered an import school life. These may inc physical activities such as	achers are able to arrange field ant part of the educational pr clude activities such as visits to a cross country skiing or inters	d trips and special activities that rogram or an enrichment of the o a zoo, museum, park, or organize scholastic games.
•	thin the school day with trans vised at all times by personne	portation by private vehicles. The el.
general permission that v		al trip or activity, we request your ay reserve the right to decline any
inform EPCS	ny permission to take my above of any trips I wish to decline for EPCS the above permission.	ve listed children on field trips. I wil or any of my children.
Parent Signature		