

Transportation Form

A written note must be submitted to the office if your child will be picked up by anyone not listed on this form. Otherwise, your child will not be released.

Student's Name _____ **Class** _____

Dismissal Information

The following vehicles will be used regularly for picking up my child:

Name	Car/Make/Model	License Plate
_____	_____	_____
_____	_____	_____
_____	_____	_____

Carpool Information

This information is kept on file for FVMS staff. Please inform the office promptly of any change. Children are only released to persons you authorize:

	To School	From School
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Please identify other Fox Valley Montessori School children participating in this car pool:

_____	_____
_____	_____

Dismissal Release

Only the people listed (other than parents/guardians) or carpool participants, have permission to transport my child from school:

Name	Car/Make/Model	License Plate
_____	_____	_____
_____	_____	_____
_____	_____	_____

 Parent/Guardian Signature

 Date