2018-2019 TRANSPORTATION PERMISSION FORM



Parent/Guardian:				
Last Name			First Name	
Address	City		Zip	
Home No.	Work No		Emergency No.	
Email				
Registrant:				
Last Name		First Nam	First Name	
Birth date (MM/DD/YYYY)		□Male	Gender (check one) □Male □Female	
School attending		Grade	Grade	
I,(print g		here	by give my permission for	
(print registrant		to ride the Aubur	n School District bus from their middle	
school directly to The RI	EC at 910 9th Street S	E, Auburn.		
Parent/Guardian signature			Date:	
Participant signature			Date:	