

RIVERMONT COLLEGIATE

**Transportation Consent Form 2011-12**

Student Name (print): \_\_\_\_\_

Home Address \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender M F

Parent/Guardian Name (print) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact if Parent not available \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Morning Pick-up Address \_\_\_\_\_

Afternoon Drop-off Address \_\_\_\_\_

Requested start date (subject to approval) \_\_\_\_\_

Special Instructions (optional) \_\_\_\_\_

I consent to the transportation of my child by Johannes Bus Services of Rock Island, IL. I understand that any permanent change of the above addresses for pick-up or drop-off requires new forms to be submitted at least 3 business days in advance.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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School's Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

Return form to Marsha Field, Business Office, Rivermont Collegiate