

# GRASP at Four Corners School

## Transportation Plan and Authorization

CHILD'S NAME: \_\_\_\_\_

**MY CHILD WILL ARRIVE AT THE PROGRAM:**

**MY CHILD WILL DEPART FROM THE PROGRAM:**

\_\_\_\_ ESCORTED BY SCHOOL PERSONNEL

\_\_\_\_ PARENT/GUARDIAN OR AUTHORIZED PICK UP

PARENT /GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_