

Authorization for Transportation 2024 – 2025 (Ojibwe School Only)

Child's Name: _____ Grade: _____ Date of Birth: _____ — Student Enrolled Y / N

Fond du Lac Department of Transportation will transport eligible children to and from the Ojibwe School daily. You are not required to have your child ride the bus, but if you would like to, please fill out the information below. **If your child(ren) will not be riding the bus please write in "Self-Transport"**

Please fill in the morning **pick up** address for each day listed:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
For office use: Driver: Bus: Time	For office use: Driver: Bus: Time	For office use: Driver: Bus: Time	For office use: Driver: Bus: Time	For office use: Driver: Bus: Time

Please fill in the afternoon **drop off** address for each day listed:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
For office use: Driver: Bus: Time	For office use: Driver: Bus: Time	For office use: Driver: Bus: Time	For office use: Driver: Bus: Time	For office use: Driver: Bus: Time

Does this child have any special transportation needs? Yes, please explain: _____ No

Is this child picked up from or dropped off at childcare in the Morning Afternoon Both

Yes, Name of Center / Provider and Telephone number _____

No

Transportation Agreement

Initial

Consent

_____ **I understand that if I need to make any changes to the above information, (short term or permanently) I must inform the Ojibwe School office by 11:00 am the Monday before the change. Changes will ONLY be approved by the Ojibwe School Office. No changes will be allowed or accepted by FDL Transportation Department.**

_____ **I understand that the Ojibwe School will deny any changes that are not made by Monday at 11:00 am. In this case, it is my Responsibility to arrange my own transportation.**

With this knowledge, I give permission for Fond du Lac Transportation Department to transport my child to and from the Fond du Lac Ojibwe School according to the listed schedule. I am aware of the transportation policy and above guidelines and will follow them.

Telephone number you may be reached at: _____ Parent / Guardian Printed Name: _____

Parent / Guardian signature: _____ Date: _____