



AFTERSCHOOL SCHOOL TRANSPORTATION AGREEMENT

ONLY FOR AFTERSCHOOL



I HEREBY GRANT STEPPING STONES ACADEMY PERMISSION TO TRANSPORT MY CHILD TO AND/OR FROM SCHOOL AS FOLLOWS (CHECK AUTHORIZED TRANSPORTATION):

NAME OF SCHOOL ATTENDING: _____

() From the above referenced school at approximately 2:30 pm (or the appropriate dismissal time) to SSA at approximately 3:00 pm and be received by authorized staff members.

Such transportation is authorized on the following days:

☐ **MONDAY** ☐ **TUESDAY** ☐ **WEDNESDAY** ☐ **THURSDAY** ☐ **FRIDAY**

IN THE EVENT THAT MY CHILD IS NOT TO BE TRANSPORTED AS AUTHORIZED ABOVE, I AGREE TO NOTIFY STEPPING STONES ACADEMY BY 12:00.

CHILD'S INFORMATION

Child's Full Name: _____

Date of Birth: ____/____/____

Name the Child Goes By: _____

Street Address: _____

Gender: ☐ Male ☐ Female

City: _____ State: ____ Zip: _____

PARENT/GUARDIAN INFORMATION

Mother's Name _____

Father's Name _____

Cell: _____

Cell: _____

Work: _____

Work: _____

Email Address: _____

Email Address: _____

EMERGENCY CONTACTS

PLEASE LIST ANY ADDITIONAL EMERGENCY CONTACTS AUTHORIZED TO ACT FOR THE PARENTS/GUARDIANS IN AN EMERGENCY:

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Cell: _____ Work: _____

Cell: _____ Work: _____

PHYSICIAN INFORMATION

Name of Pediatrician: _____ Doctor's Office: _____

Phone: _____ Address: _____

EMERGENCY MEDICAL INFORMATION

Allergies & Serverity: _____

Epi-Pen ☐ Yes ☐ No

Medical Conditions: _____

Long Term Prescribed Medicines: _____

PARENT'S SIGNATURE: _____ **DATE:** _____