360 Educational Services, Essential Learning, & Essential Principals LLC
Student Transportation Form

Student Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Home Address:**
  _____

Parent/Guardian Contact

- **Parent/Guardian Name(s):** _____
- **Primary Phone:** _____
  Secondary Phone: _____
- **Email:** _____

Transportation Details

Please indicate how your child will **arrive to and leave from school**:

Morning Arrival

☐ Parent/Guardian Drop-Off
☐ School Transportation
☐ Other: _____

Afternoon Dismissal

☐ Parent/Guardian Pick-Up
☐ School Transportation
☐ Other: _____

Authorized Pick-Up List

Please list **all individuals authorized to pick up your child** from school (including parents/guardians):

Full Name:	Relationship to student:	Phone Number:
_____	_____	_____
_____	_____	_____

Parent/Guardian Consent

I certify that the above information is accurate, and I give permission for the individuals listed above to transport my child from school. I understand it is my responsibility to keep the school updated with any transportation changes.

Parent/Guardian Signature: _____ Date:_____