## TRANSPORTATION PERMISSION FORM



Parent/Guardian:				
Last Name			First Name	
Address	City		Zip	
Home No.	Work No.		Emergency No.	
Email				
egistrant:				
Last Name		First Name	First Name	
Birth date (MM/DD/YYY)				
School Attending		Grade	Grade	
rrival and remain on the premodent must adhere to all teer	nises for the duration of n center policies outline	f their time there. By ed in the registration	d to attend the REC program immediately up y signing this form, I acknowledge that my n form, including providing their name befor removal from, or denial of, transportation	
(print guardian's	her	reby give permission	for(print registrant's name)	
,, ,		lle school directly to	The REC at 910 9 <sup>th</sup> Street SE, Auburn.	
arent/Guardian Signature			Date:	
articipant Signature			Date:	