

GERSTELL ACADEMY

ALL SCHOOL TRANSPORTATION FORM 2011-2012

_____	_____	_____
Child's Name	Grade	Teacher (LS)/Advisor (MS/US)
_____	_____	_____
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_____	_____	_____
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	<u>Pre-K</u>	<u>K-5th</u>	<u>Aftercare Program*</u> 3:30 – 6:00 p.m. (Circle days needed)	<u>Middle School</u>	<u>Upper School</u>	<u>Parent/Carpool Driver</u>
MONDAY	3:15	3:30	yes/no	3:55	3:15	_____
TUESDAY	3:15	3:30	yes/no	3:55	3:15	_____
WEDNESDAY	3:15	3:30	yes/no	3:55	3:15	_____
THURSDAY	3:15	3:30	yes/no	3:55	3:15	_____
FRIDAY	3:15	3:30	yes/no	3:55	3:15	_____

You may circle "Yes" only if you have already registered for the Aftercare Program. This form does **not serve as Aftercare Registration.*

If an individual or family member is restricted from picking up your child, Gerstell Academy requires legal documentation to enforce the restriction.

Contact information of drivers authorized to transport my child:

_____	_____	_____	_____	_____
(Name)	(Relationship)	(Home #)	(Work #)	(Cell #)
_____	_____	_____	_____	_____
(Name)	(Relationship)	(Home #)	(Work #)	(Cell #)
_____	_____	_____	_____	_____
(Name)	(Relationship)	(Home #)	(Work #)	(Cell #)

Signature of Authorizing Parent /Date

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