

NEW STUDENT:

UPDATE:

SCHOOL YEAR:



TEACHER: \_\_\_\_\_

BB SCHOOL: \_\_\_\_\_

## PRESCHOOL TRANSPORTATION/PICK UP PERMISSION

Child's Name: \_\_\_\_\_ (Please Print)  
First Name Last Name

\*Please list all adults, **including yourself**, who are allowed to pick up your child from school or take them off the bus. *\*This must be an adult (at least 18 years old) with identification. (Please note: Any changes to the authorized adults on this list will require that a new form be completed and approximately 2 business days to process once returned. The most recent version will replace all others.)*

	NAME	RELATIONSHIP TO CHILD	PHONE NO.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Parent/Guardian's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Bright Beginnings:

PH: 757-564-8721

FAX: 757-645-4118



Office Use Only

- JBB COPY
- TEACHER COPY
- SENT TO TRANSPORTATION