Virtual Connections Academy

AUTHORIZATION FOR ALTERNATIVE TRANSPORTATION

It is the policy and expectation of Virtual Connections Academy that all Students are transported to and from school by their district-provided transportation (cab, bus, etc.). However, in the rare event that alternate transportation arrangements need to be made, we require the completion of this consent form by the Parent/Guardian of that Student.

I, _____ hereby authorize my child
Parent/Guardian's Name

_____ to be picked-up from, and/or
Student's Name

dropped off for, school by the following trusted adult(s):

Please note, the individuals identified below must be **18 or older if they are a family member;** and **21 or older if they are not a family member.** Identification will need to be shown prior to the student being released.

_____	_____	_____
Adult's Name	***Phone Number***	***Relationship to the Student***
_____	_____	_____
Adult's Name	***Phone Number***	***Relationship to the Student***
_____	_____	_____
Adult's Name	***Phone Number***	***Relationship to the Student***
_____	_____	_____
Adult's Name	***Phone Number***	***Relationship to the Student***

I understand that I have the right to revoke this consent at any time. If I no longer want my child to be picked-up from and/or dropped off for, school by the by the individual(s) listed above, I must inform a School Staff Member of my wishes (in-person, via phone or in writing). I also understand that this authorization will be valid from the date of signature (below), until September 30th of the following academic year – not to exceed 12 months.

_____ _____

Parent/Guardian's Signature ***Date***