

Home School _____

Fax Time _____

Date _____

BANNERMAN LEARNING CENTER
ARRANGEMENTS FOR TRANSPORTATION

7:00 – 12:50 or 7:45 – 2:00

Student Name _____

Address _____

Home Phone _____

Work Phone _____

Emergency Phone _____

Parent/Guardian Name _____

Projected starting date of pick-up _____

Permission Slip for Compass Students

Your signature below grants us permission to travel, by private vehicle, for community service projects and events.

Teenage Parenting Students Only

Number of Children _____ Age(s) _____

Due Date _____

Transportation Department will fill out and return to Bannerman when bus pick-up is finalized.

Morning Driver _____

Afternoon Driver _____

Date pick-up will start _____

Parent/Guardian Signature

Date