

Little Indian Transportation Form



Child Name: _____, _____
Last First

Parent Name(s): _____ / _____

Signature(s): _____ / _____

Check the appropriate boxes below in each of the sections to assist us in ensuring the safety of your child while with us at MJHS/LILC.

Section 1: Time of Attendance AM / PM (circle one)

Section 2: Transportation

- My child will be transported via school bus
- My child will NOT require busing to the Little Indians Learning Center, as he/she will be a car rider

Section 3: Carpool

- My child will NOT participate in a carpool with any other "LI" families.
- My child will/may participate in a CARPOOL with other "LI" families
 - If you checked YES to the car pool option, using the space below, please provide us with the FULL NAME(S) of authorized individuals who may transport your child/children.
 - Additionally, for your child to participate in a carpool, each cooperating family MUST return this form with the names of ALL children involved in the carpool.

Section 4: Siblings enrolled in "Little Indians"

- I have only one child enrolled in the "LI" program.
- I have multiple children enrolled in the "LI" program—below are their names and the assigned teacher/classroom/session.

Please return this form to MJHS/ LILC by August 24, 2009