



MERIDIAN CHRISTIAN ACADEMY

TRANSPORTATION FORM

Parent Name: _____ Phone Number: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

If applicable, please review the following statement and sign below.

I give my child(ren) named permission to walk and/or take public transportation when leaving school, thereby releasing Meridian Christian Academy of any and all liability or harm that may occur.

Parent Signature: _____ Date: _____

AUTHORIZED PICK-UP PERSON(S)

The following people are authorized to pick-up or sign my child out from school. No one else is permitted to do so unless I notify the school in advance:

Name (Print) Phone Number Relationship

Name (Print) Phone Number Relationship

Name (Print) Phone Number Relationship

Name (Print) Phone Number Relationship