

**All About Learning**  
**Transportation Request and Authorization Form**

School year of \_\_\_\_\_

Name of Child \_\_\_\_\_ Name of School \_\_\_\_\_  
School Address: \_\_\_\_\_  
School Phone # \_\_\_\_\_ Bus Route Number \_\_\_\_\_  
Classroom / Teacher \_\_\_\_\_

AAL pick up     AAL drop off     School Bus Pick up     School Bus Drop off

Details on location for the above request:

\_\_\_\_\_  
\_\_\_\_\_

Child's Schedule:

Monday     Tuesday     Wednesday     Thursday     Friday

Time school starts \_\_\_\_\_ Time school ends \_\_\_\_\_

Earliest allowed arrival time(or time bus will be here): \_\_\_\_\_

Latest allowed pick up time(or time bus will drop off children here): \_\_\_\_\_

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**Emergency Information**

Child's birthday \_\_\_\_\_ Date of last DTP \_\_\_\_\_

**First person to contact in case of emergency:**

Name: \_\_\_\_\_ Day phone: \_\_\_\_\_

Relation: \_\_\_\_\_ Second Phone: \_\_\_\_\_

**Second person to contact in case of emergency:**

Name: \_\_\_\_\_ Day phone: \_\_\_\_\_

Relation: \_\_\_\_\_ Second Phone: \_\_\_\_\_

Health insurance Co: \_\_\_\_\_ Group # \_\_\_\_\_

(Attach copy of insurance card- both sides)

Child's Doctor \_\_\_\_\_ Phone# \_\_\_\_\_

Allergies: \_\_\_\_\_

I give All About Learning permission to obtain emergency medical treatment for my child. I authorize All About Learning to transport my child to/ from (circle one or both) school. **I agree to notify All About Learning in advance with any & all changes in my child's schedule. I am required to fill out a "Schedule Change Form" for these changes if I know about them in advance or call the center or van if there is a change during the day.** Transportation charges are part of my regular tuition and will remain a regular weekly charge even if my child does not use it. I also understand that it is the parent's responsibility to notify the school that All About Learning will be transporting their child.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_