Blacksburg New School 2500 North Main Street, Blacksburg VA 24060
www.blacksburgnewschool.org (540) 552-6693

Transportation Permission

CHILD'S NAME: _____
Last **First** **Middle**

has my permission to arrive at and depart from the Blacksburg New School premises (or designated activity) with the following individuals:

- ☐ **any Blacksburg New School parent or teacher;**
- ☐ **only with parents or relative;**
- ☐ **also with friends listed below:**

_____

_____

_____

Persons *not* authorized to pick up or visit child:

_____

_____

Please describe any possible carpool arrangements:

_____

_____

My child also has permission to go on any field trip sponsored by the Blacksburg New School.

SIGNATURE: _____ **DATE:** _____
Parent or Guardian