

## Transportation Authorization Form

\_\_\_\_\_ has my permission to be  
(name of student)  
transported to and/or from Deer Path Montessori School, 429 Route 46 East,  
Hackettstown, NJ by the people indicated below.

**Print clearly**

Name	Telephone Numbers (Include Area Code)	Relationship
1		
2		
3		
4		
5		
6		

Please send a note into school if someone that is not named on this list or your child's emergency contact list will be picking up your child. Call the school at 908-498-0500 if the person in charge of picking up your child is expected to be more than five minutes late. Any changes to this list must be made in writing. Identification will be required if the person is unknown to the staff.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)