



## Transportation Authorization

Student Name: \_\_\_\_\_

- I give permission for Mission Hope for Kids (MHFK) to transport my child to Mission Hope for Kids from School the day my child attends (circle one):

Monday      Tuesday      Wednesday      Thursday      Friday

- I give permission for my child to be transported to and/or from Mission Hope for Kids to/from my home or other address designated by me as long as my child is participating in a MHFK sponsored program.
- I give permission for my child to be transported to/from Mission Hope for Kids while my child is participating in a MHFK field trip.

**School your child attends:**

- Elementary \_\_\_\_\_
- Middle School/High School \_\_\_\_\_
- Other \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_