## Parent Permission Form for Bus Transportation\*

Wilson Elementary Temporary Campus Academic Year: August 2018 – June 2019

Date Received:

Start Date:

West Contra Costa Unified School District 1400 Marina Way S Richmond, CA 94804 Phone: (510) 307-4540

Email: wilsontransportation@wccusd.net

Student Information		
First Name	Date of Birth	
Last Name	Student ID#	
Wilson ES Academic Year: August 2018 - June 2019	Grade Kindergarten Students Must be Met by an Adult	
Parent/Guardian Information		
Parent/Guardian Name		
Street Address		Apt #
City	Zip	
Primary Phone	Secondary Phone	
Email Address:		<u>.</u>
Emergency Contact Name	Emergency Contact Phone	
Please circle the routes that you plan on utilizing:	M ROUTE PM ROUTE*	**
I have read, understand, and agree to all provisions stated here the bus transportation provided by a third party vendor to and, 629 42 <sup>nd</sup> Street, Richmond CA 94805 to the Temporary Campus 94530.	or from Wilson Elementary S	school located at
Printed Name: Date:		
Signature:		
*Transportation will be provided by a third party vendor.  **Please note that school bus transportation is not available for responsibility of the parent/guardian to provide or arrange transprograms.		
If you have any specific questions, please send them to wilsont asked questions list providing answers to the questions receive your reference.		
THIS SPACE IS FOR OFFICE USE ONLY		

Date Confirmed:

Cancelled Date:

Notes: