Parent Permission Form for Bus Transportation*

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

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

Email: wilsontransportation@wccusd.net

	Email: <u>wilsontra</u>	insportation@wccusd.net	
Student Information			
First Name	Date of Birth		
Last Name	Student ID#	Student ID#	
Wilson ES Academic Year: August 2018 - June 2019	Grade Kindergarten Students	Grade Kindergarten Students Must be Met by an Adult	
Parent/Guardian Information			
Parent/Guardian Name			
Street Address		Apt#	
City	Zip		
Primary Phone	Secondary Phone	Secondary Phone	
Email Address:			
Emergency Contact Name	Emergency Contact Ph	Emergency Contact Phone	
Please circle the routes that you plan on utilizing:	AM ROUTE PM F	ROUTE**	
have read, understand, and agree to all provisions state the bus transportation provided by a third party vendor to 629 42 nd Street, Richmond CA 94805 to the Temporary Co 94530.	to and/or from Wilson Eleme	ntary School located at	
Printed Name:D	Date:		
Signature:			
*Transportation will be provided by a third party vendor. **Please note that school bus transportation is not available responsibility of the parent/guardian to provide or arrangorograms.	able for after school program		
If you have any specific questions, please send them to \underline{w} asked questions list providing answers to the questions r			

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your reference.

Date Received:	Date Confirmed:	Notes:
Start Date:	Cancelled Date:	