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_______________________________