

CHILD'S NAME: \_\_\_\_\_ SCHOOL YEAR 20 \_\_\_\_ -20 \_\_\_\_

HAPPY HOLLOW SCHOOL

**Transportation Plan & Pick-Up/Release Permission List**

I understand that Happy Hollow School does not provide or arrange for transportation to and from the program. Parents are therefore responsible for their child's transportation and I acknowledge that Happy Hollow School will only release a child to his or her parents or to individuals of whom the school has received written permission by the child's parent(s) or guardian.

I hereby give permission to Happy Hollow School, 29 Oaks Road, Framingham, MA 01702 to release my child to the following individuals for pick-up upon dismissal from the program. Any individuals not listed below will require a written consent by me prior to my child being released into their care.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

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**MY CHILD WILL ARRIVE AT THE PROGRAM:**

- Parent Drop Off
- Supervised Walk
- Public/Private Van
- Contract Van
- Private Transport. Arranged by Parent
- Other (Please specify)

**MY CHILD WILL DEPART FROM THE PROGRAM:**

- Parent Pick Up
- Supervised Walk
- Public/Private Van
- Contract Van
- Private Transport. Arranged by Parent
- Other (Please specify)

**Name of Parent or Guardian:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_