Transportation Consent Form
2019-2020 School Year

Child’s Name: ___________________________ Date of Birth: ______________________

Program Name: Alcott School          Facility ID Number: 630614

If your child receives Preschool or Early Intervention Special Education Services, please read the following and complete the form below.

☐ I assume full responsibility for my child in route to and from Alcott School.

☐ I agree to allow the transportation company contracted by the Westchester County Department of Health to transport my child to and from the Alcott School.

I authorize Alcott School to exchange information with the Westchester County Department of Health any information needed to arrange bus transportation for my child (e.g., pick up/drop off sites; emergency numbers, etc.)

Signature of Parent/ Guardian*: ___________________________ Date: _____________

*Please note that the term Guardian applies to the child’s LEGAL guardian, e.g. DSS or natural parents are the usual legal guardians for foster children.

6/2019

www.alcottschool.org