



The Wilson School
 271 Boulevard, Mountain Lakes, NJ 07046
 VOICE 973-334-0181
 FAX 973-334-1852

TRANSPORTATION RELEASE

I, _____, give permission for the person(s) listed below to pick up and transport my child, _____, on the date(s) specified below. I understand that I may also give verbal permission by phone to The Wilson School for transportation of my child as the need may arise. I release The Wilson School from any and all liability concerning transportation. I assume full responsibility for my child in this matter.

Please complete the following for each person (other than parents or guardians) who is permitted to pick up and transport your child from the Wilson School:

#1 Person

Name: _____

Relationship to child _____

One-time Permission to pick up on (month/day/year)

Permission to pick up on the following days during school year 2009-10:

#2 Person

Name: _____

Relationship to child _____

One-time Permission to pick up on (month/day/year)

Permission to pick up on the following days during school year 2009-10:

Signature of Parent/Guardian: _____

Dated: _____