

LINDEN HILL ELEMENTARY SCHOOL
CAR RIDER TRANSPORTATION FORM

Effective Date: _____

Child's Name: _____

Child's Grade: _____ Child's Teacher: _____

MY CHILD WILL BE A CAR RIDER (dropped off/picked up in car rider line):

TO school _____ FROM school _____

The blue Linden Hill car rider placard must be displayed in the window in order for you to enter the car rider line AND for student to be released to the driver of the vehicle.

By signing this form, I acknowledge that my child does not need bus transportation and that it takes 48 hours for bus transportation to be reinstated (if student is bus eligible).

Parent/Guardian Name

Parent/Guardian Signature

Phone number where I can be reached during dismissal: _____