

Alternative Afternoon Transportation Form

I give permission for _____
(name of individual, organization or vendor and their telephone number)

to pick up my child(ren) _____
(child(ren)'s full name)

at the end of the school day from ICSAtlanta on the following days every week:

Mondays _____

Tuesdays _____

Wednesdays _____

Thursdays _____

Fridays _____

I will let the school know in writing if there are any changes to this schedule.

Parent's signature: _____

Date: _____

***Be advised that should your alternative transportation choice incur a late pick-up fee and does not pay it at that time, because they did not pick-up your child(ren) before the end of carpool, you will be responsible for payment of these charges.**