

**Columbus Humanities Arts and Technology Academy  
“The Storm” Summer School Program**

**Student Transportation Participation Permission Form**

**I do**                       **I do not** (*check one*)

give permission for my child: \_\_\_\_\_ Grade \_\_\_\_\_

to participate “The Storm” Summer School Program from June 8<sup>th</sup> to July 1st

**I do**                       **I do not** (*check one*)      **need bus transportation for my child.**

Pick up Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Drop off Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

\*\*\*\*School District of Residence:     Groveport                       Hamilton                       Columbus Public  
   Canal Winchester           Whitehall                       Pickerington  
   Reynoldsburg

Bus Transportation will be revoked if students do not abide by the following bus safety rules:  
\* **Each student riding will remain seated for the duration of the trip**  
\* **No food or drink will be consumed on the bus at any time**  
\* **Students must follow the driver’s directions at all times**

**Parent / Guardian Contact Information:**

\_\_\_\_\_  
Name                                      Relationship to Student                                      Telephone #

**In Case of Emergency please contact the following:**

\_\_\_\_\_  
Name                                      Relationship to student                                      Telephone #

\_\_\_\_\_  
Name                                      Relationship to student                                      Telephone #

\_\_\_\_\_  
Signature of Parent/Guardian/Custodian

\_\_\_\_/\_\_\_\_/  
Date Signed

\_\_\_\_\_  
Print Name