

**THE CZECH SCHOOL OF ATLANTA**  
**Honoring Karel Velan**

**STUDENT TRANSPORTATION AUTHORIZATION**

**Please have a valid picture ID ready to present to the main teacher at dismissal time.**

I, \_\_\_\_\_  
(Name of Parent/Legal Guardian)

give my permission for my child \_\_\_\_\_ to be picked up from The Czech School of Atlanta at the end of the school day by people listed below:

Name	Address	Phone #	Relationship
_____	_____	(_____)_____	_____
_____	_____	(_____)_____	_____
_____	_____	(_____)_____	_____

**If one of the parents has legal custody over the child, please fill out the following part of this form.**

I, \_\_\_\_\_ give my permission for \_\_\_\_\_  
(Name of Legal Guardian) (Name of Student)

to be picked up from The Czech School of Atlanta by his/her Father/Mother.

Name	Address	GA DL #	Relationship
_____	_____	_____	_____

on the following days (MM/DD/YY): \_\_\_\_\_

**I understand that persons other than those authorized above may not pick up my child unless I provide additions to the above list in person at the school or in writing, except in an emergency, when I may give such authorization by telephone.**

I hereby release, discharge and indemnify The Czech School of Atlanta, its administration, staff, employees, officers, directors, volunteers, insurers, agents, and representatives from any and all claims, causes of action, liability or damages arising out of, or relating to the transportation of my child.

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<b>PRINT NAME</b>	<b>PARENT'S SIGNATURE</b>	<b>DATE</b>
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<b>PRINT NAME</b>	<b>PARENT'S SIGNATURE</b>	<b>DATE</b>
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