

HR #

# Island Trees High School

Levittown, New York

Office of the Administrative Assistant

## Student Transportation Consent Form

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Home Room Teacher: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Due to New York State Education requirements, each student who will be obtaining transportation from another student at the Island Trees High School for any purpose, must have on record at the school a **Student Transportation Consent Form** completed by a parent/guardian allowing their child to be transported by another student.

I the parent/guardian of, \_\_\_\_\_ give permission to my child to obtain transportation from another student of Island Trees High School for the purposes of obtaining lunch during the school day and/or arriving to or departing from school. I as the parent/guardian am aware of all school regulations involved in my child leaving school grounds and acknowledge that my child is required to follow all school directives specified in the Island Trees Code of Conduct.

**Please return completed form to the Office of Mr. Grande, Administrative Assistant.**

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

\_\_\_\_\_  
Signature of Student

Administrator Initials