

**WAYNE PUBLIC TRANSIT (HANDI-VAN)
PERMISSION FORM**

Student _____ Age _____ DOB _____

Weight (if under 6 years of age) _____

Parent/Guardian _____

Address _____ City _____ Zip _____

Phone: (H) _____ (W) _____ (C) _____

Emergency Contact

Address _____ City _____ Zip _____

Phone: (H) _____ (W) _____ (C) _____

School Care Provider: Tower School

Phone: 402/375-3005

Pick-up Address: 901 E 14th Street, Wayne NE

Delivery Address: to be determined as events arise

Days to be Transported:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Notes: _____

I give permission for my child to be transported.

Parent/Guardian Signature _____ Date _____

Authorization expires at the end of each July.