



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.**

Please note that your child's temperature will be taken daily before he or she exits the van. If your child's temperature is at or above 100.4, he or she **will not be allowed to exit the van** (i.e. ICSAtlanta will not take custody of your child). *It is incumbent upon you as the parent and the van company to check your child's temperature before proceeding to school.* **By signing below, I acknowledge that I understand that ICSAtlanta will not take custody of my child from the van company should he/she have a fever of 100.4 or higher.**

Parent's signature: _____

Date: _____