



**Sugar Maple Nature School**

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**FAMILY TRANSPORTATION AUTHORIZATION FORM**

Please list all attending students' names and grade levels:

Name of Student	Grade Level

Please list all authorized adults to pick up the student(s) listed above:

Full Name of Authorized Adult	Relationship to student(s):	Additional Information for staff if needed (e.g. "Mondays only")

By signing below I agree to the following: ***The safety of my child(ren) while walking to and from the car is my responsibility. It is my responsibility to inform any authorized adults above of the ROLES pick up procedures. The above information I have provided is correct and I am the Parent/Legal Guardian of the child(ren) listed above.*** Signature is required to process this request.

*\*\* Please contact Emily Weiss, Administrative Assistant, to make any additions or changes to this form throughout the school year!*

Parent/Guardian Name (Signature)	Parent/Guardian Name (Printed)	Date

Phone number: \_\_\_\_\_

Alternate number: \_\_\_\_\_