

Transportation Information

This form is to specify participant's drop-off and pick-up arrangements. Parents/Legal Guardians, please be mindful of your program and make sure to be on time when dropping off and picking up participants. If your plans change at any time, please let your program know and fill out a new form if necessary.

Participant Name: _____

Program Name: _____

Program's Designated Drop-off/Pick-Up Location: _____

Please mark one of the following:

Participant will be picked up and dropped off at the designated program location

Participant has a driver's license and will be driving to and from campus.

Participant has permission to take the public transportation of Ypsilanti to/from

Participant has permission to ride to and from campus with:

Full Name: _____ Relationship: _____

Contact Number: _____

Participant will not be picked up or dropped off at the designated location. Alternative arrangements are as follows:

Participant Signature

Date

Parent/Legal Guardian Signature

Date