



Ambassadors Preparatory Academy

STUDENT METHOD OF TRANSPORTATION

_____ Current Grade

Home Room Teacher: _____

Please complete in print and return to school as soon as possible.

Student's First Name:	Middle Name:	Last Name:	Date of Birth
Home Address:		Siblings:	
		<u>Name</u>	<u>Grade</u>
City:	State, Zip:	_____	

Home Phone:	Child resides with:	_____	

Mother's Name:	Mother's Work Number:	Mother's place of employment::	
Father's Name:	Father's Work Number:	Father's place of employment::	
Parent's work email address	Parent's personal email address:		
My child will be picked up by: _____ YMCA _____ Boys & Girls Club _____ Kid's Cab _____ Other - Name _____ & Number _____			
The following people have permission to pick up my child:			
<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>	
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
People to notify in case of emergency:			
<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>	
1. _____			
2. _____			
3. _____			
4. _____			
Parent / Guardian:		Date:	
Print:			
Sign:			