



WINTER HAVEN ADVENTIST ACADEMY
 AN ACCREDITED SEVENTH-DAY ADVENTIST CHRISTIAN SCHOOL
 PO Box 7169 ~ Winter Haven, FL 33880 ~ (863) 299-7984
<https://winterhaven22.adventistschoolconnect.org/>



Adventist Education
 A JOURNEY TO EXCELLENCE

TRANSPORT STUDENT FORM SCHOOL YEAR _____

Student's Name _____

Grade _____ Age _____

I, _____, hereby give
 (Parent's Name)

permission for my child, _____,
 (Student's Name)

to be transported to and from school by the following people:

NAME	RELATION	PHONE

I understand that I will need to contact the teacher, if circumstances change and someone else needs to take responsibility for my child. If I choose to release my child's care to one of the people listed above, I am aware that I cannot hold the school and/or staff liable for my child's care.

Parent/Guardian signature: _____

Please print name: _____

Contact numbers (home, cells, work, etc.)
