**A close up of a logo

Description automatically generated**

**Student Self Check In/Out Form**

*Consent Form for students requiring altered transportation to and from Blended School/Testing Sites – must be signed by the parent (or verbal consent filled out by Site Coordinator) By signing this consent form, I acknowledge and knowingly consent that my student will be transported to/ from Blended and/or Testing sites by other means than a parent or legal guardian.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Student Name Grade School Attending*

**Emergency Contact(s):**

|  |  |
| --- | --- |
| Name | Phone Number(s) |
|  |  |
|  |  |

**Authorized person(s) registering student(s) on Blended / Tested School days:**

**(List all authorized persons who will register the student on any day)**

|  |  |
| --- | --- |
| Name | Phone Number(s) |
|  |  |
|  |  |
|  |  |

**List anyone that is not authorized to transport or pick up your Student:**

|  |  |
| --- | --- |
| Name | Relationship to Student |
|  |  |
|  |  |
|  |  |

If student will be responsible for his/her own transportation on Blended School/Testing days please mark the appropriate box:

* My student is of driving age and will be driving him/herself to and from the Blended School/Testing Site
* My student will be walking to and from the Blended School/Testing Site
* My student will be riding a bus to and from the Blended School/Testing Site
* My student will be transported to and from Blended School/Testing Site by another parent that will have another student attending as well.

Parent different than that dropping off will be providing transportation:

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is there a custody guardianship in place: \_\_\_\_

Phone or contact for parent listed above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* My student will be taking un Uber or Lyft to and from Blended School/Testing Site
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Student Name****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Verbal consent given by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_P*erson taking Verbal Consent: ­­­­­­­­­­­­­­­­­­***