

## STUDENT DAILY TRANSPORTATION

I, parent of \_\_\_\_\_ authorize Academy of Math and Science (AMS) to release my child after school hours with the following condition:

- With parents/guardians or authorized person (please list all authorized persons if any)

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

- Without parent/guardian supervision.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## AFTER SCHOOL PROGRAM PARTICIPATION

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Areas of Interest: \_\_\_\_\_ Areas of Difficulty: \_\_\_\_\_

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

Days your child will participate (Check all that apply) Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_