



Permission Slip/Registration for After-School Transportation

Student Information:

- Student's Name: _____
- If Student Needs to be contacted upon arrival, provide number: _____
- Age/Grade/Class: _____
- School: _____

Parent/Guardian Information:

- Parent/Guardian's Name: _____
- Relationship to Student: _____
- Contact Phone Number: _____
- Email Address: _____

Before/After-School Transportation Details:

I, the undersigned parent/guardian of _____, authorize the following transportation arrangements after school:

- Morning _____ Afternoon _____ Both _____
- Destination Pick Up Address: _____
- Pick-Up Time (Transportation arrival): _____
- Purpose of Transportation: e.g., school, sports practice, tutoring, etc. _____
- Destination Drop off Address: _____
- Drop-Off Time: _____

Trellis Ellison, Founder Of:
TNT Swiftly Rides Essential Transportation
Email: TNTswiftlyrides@yahoo.com
Website: <https://www.tntswiftlyrides.com>
[P] 678-663-4034
[F] 678-519-2999

If receiving services for both morning and afternoon, will the return pickup and drop off address be the same? If not, please document below:

- **Destination Pick Up Address:** _____
 - **Pick-Up Time (Transportation arrival):** _____
 - **Purpose of Transportation:** e.g., school, sports practice, tutoring, etc. _____
 - **Destination Drop off Address:** _____
 - **Drop-Off Time:** _____
-

Permission and Acknowledgement:

I understand and agree that my child will be transported to the specified destination after school under the arrangements mentioned above. I acknowledge that I am responsible for informing the **school AND TNT Swiftly Rides Essential Transportation LP** promptly of any changes to these arrangements.

Emergency Contact Information:

- **Emergency Contact Name:** _____
 - **Emergency Contact Phone Number:** _____
-

Medical Information (if applicable):

- **Medical History/Allergies/Medications:** _____
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Additional Notes or Instructions: _____

Signature:

Parent/Guardian Signature: _____

Date: _____

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Administration Use Only:

Approved By: _____

Date Approved: _____

Please ensure that all sections are completed accurately. This form should be submitted to the designated personnel responsible for managing after-school transportation arrangements **TNT Swiftly Rides Essential Transportation**. **A copy of completed slip will be provided to school.**

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