

Arlington Childrens Center
1033 Old Henderson road
Columbus, Ohio 43220
451-5400

ROUTINE SCHOOL TRANSPORTATION PERMISSION

I give permission to Arlington Childrens Center to transport my child,
_____ to and from _____ school
each day from this date, _____ until the school year ends, or this
permission is withdrawn in writing, and that school will assume full responsibility
until he/she is on board the Center vehicle. **I understand that there is a
\$10.00 "tracer fee" should my child fail to be at the designated pick-up
point within 5 minutes of school release time or I fail to notify ACC NOT to
pick up my child.** This fee covers cellular phone calls, return trips and/or any
misc expenses.

parent/guardian signature date