

## Head Start "Building partnerships, changing lives"



## **Head Start Transportation Consent- Pre-K 4 Only**

Child's Name: \_\_\_\_\_\_ D.O.B. \_\_\_\_\_

Address:	Campus:	-
Transportation:		
I give permission for my child to be tra	ansported to Hughes Springs ISD, by Head Start or ISD	buses,
for special events such as school prog	grams, picture day, etc. I understand that my child will b	e under
Texas Education Agency rules and re	gulations during their time away from the Head Start Ca	ampus. I
will be notified within 48 hours of my c	child being transported to the ISD. This consent will rem	ain in
effect for the 2021-2022 school year a	and I can withdrawal my consent at any time during the	school
year in writing to my Campus Director	·.	
Parent/Guardian Signature	Date	

Revised: 4/14/2021