



School Bus Transportation Authorization

Date _____

Dear Parents/Guardians,

Please complete this authorization form to ensure your child's safety and proper transportation from _____ to Hudson Children's Academy. Please provide the necessary information below and return it within 3 days.

Child's Information:

- Full Name: _____
- Grade/Class: _____

Transportation Information:

I, the undersigned, grant permission for my child to be transported from _____ to Hudson Children's Academy on the following days:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

2000 West Street
Union City, NJ 07087
551-300-0223
Office@hudsonchildrensacademy.com

Parent/Guardian Information:

- Full Name: _____
- Phone Number: _____
- Email Address: _____

Emergency Contact Information:

- Name: _____
- Phone Number: _____

Authorization:

I authorize Hudson Children's Academy to arrange transportation for my child as stated above. Hudson Children's Academy will provide transportation on its fully licensed and insured school bus.

Signature:

- Parent/Guardian Signature: _____
- Date: _____

Thank you for your cooperation:

Alex Perez

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