



8105F

PreK Child Shuttle Transportation Consent Form

Employee Parent/Guardian Name:
Address:
Phone Number:
Email Address:
Emergency Contact:

Child's Full Name:
Date of Birth:

Please circle which services you will be utilizing:

School Program	Pickup	Drop Off
GVE Preschool M/W	7:15am	12:15pm
GVE K-5	7:15am	4:15pm
BGV Early Learning Center	7:00am	(m) 5:45pm (t-th)4:45pm

At drop off the child will be released to:

- Parent/Guardian
- Bruneau Grand View Early Learning Center
- Other (Please Specify) _____

Shuttle Transportation Details:

I, _____, hereby consent for my child, _____, to be transported via shuttle to and from Grand View Elementary to the back lot at Rimrock by the Early Learning Center.

Flip over for Consent Terms and Signature



If you have any questions or concerns as it pertains to the shuttle bus please reach out to Kailee McClure at (208) 550 5625.

Consent Terms:

Please circle which underlined portion applies to you

1. I understand that the shuttle transportation is provided by the school district and is operated under their policies and regulations.
2. I understand that I am responsible for getting my child dropped off and picked up on time and if I am unable to meet this requirement, it could result in the shuttle services being revoked.
3. I authorize Grand View Elementary to release my child to the shuttle provider after (preschool lunch / the school day).
4. I authorize emergency medical treatment for my child if necessary, and I will be notified immediately in case of any emergency.
5. I agree to inform Grand View Elementary (Kailee McClure and/or Bonni Draper) and the Bruneau-Grand View Early Learning Center (Christine Meyers and/or Alyssa Rodriguez) promptly of any changes in my child's transportation arrangements.
6. I understand that this is a temporary service offered for the 25-26 school year.

Parent/Guardian Signature:

Signature: _____

Date: _____