J2

Private Transportation,LLC (504)957-0170 Permission Form

Personal Information (Plea Child's Name	• • • • • • • • • • • • • • • • • • • •
Parent/Guardian Names	
Home Phone:	Cell Phone(s)
Address:	
Email address:	
I give my permission to J2 Pr	ivate Transportation to pick up my child (Child's
name)	From the following
location	
He/She will be dropped off to	·
	n the following days:
child is a teenager and is old end your child has proper access to t	 te sure someone is home to receive your child. If the ough to go inside alone with a key, please make sure he home. Also please make sure the school is aware will be the form of transportation for your kid/kids.
(Parent Signature)	 (Date)

Name	
Number	
Relationship to child	
Name	
Number	
Relationship to child	
*Please visit J2 Private Transportation web page at www.J2transports.com for policies and terms of agreement.	
Payments are due every Sunday and can be made by cash, Debit card lin payment, or Zelle 504-957-0170 J2 Private Transportation. If payment is not received by 12p Monday, a late fee of \$20 will be applied. If payment in not received by Tuesday, there will be no pickup for your child/children for the week.	is
Your kids will be made aware of rules and safety while riding in the Van. I your Kid/kids must constantly be redirected and have behavior issues such as physical and verbal aggression towards others, services will be terminated.	
(Parent Signature)	
(Date)	