



Student Transportation Form
Five Oaks Adventist Christian School

4124 Farrington Road, Durham, NC 27707
Phone: 919.493.5555
www.fiveoaksschool.org

On a regular basis, my child(ren), _____

have my permission to leave school with the following individuals:

- _____ Contact Info: Phone: Cell _____ Other _____
- _____ Contact Info: Phone: Cell _____ Other _____
- _____ Contact Info: Phone: Cell _____ Other _____
- _____ Contact Info: Phone: Cell _____ Other _____

In the event of an emergency, I give my child(ren) permission to ride home with the following individuals:

- _____ Contact Info: Phone: Cell _____ Other _____
- _____ Contact Info: Phone: Cell _____ Other _____
- _____ Contact Info: Phone: Cell _____ Other _____
- _____ Contact Info: Phone: Cell _____ Other _____

20__ - 20__ Signature of parent: _____ Date: _____

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