



Lagniappe Montessori &  
Children's Center

**Regularly Scheduled Transportation Authorization Form**

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_,  
to be transported in Lagniappe Montessori & Children's Center Bus for the  
following reasons:

Yes          No      Please Check all that applies.

( )          ( )      From school to center \_\_\_\_\_

( )          ( )      To and from dance, karate, gymnastic lessons \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_