



Cebu International School

TRANSPORT ARRANGEMENT SY 2019 - 2020

Note: Please return the filled out form to Ms. Lory / Ms. Kim. If there are any changes to the details you provided in this form, please email the ES Secretary, Ms. Lory (lromano@cis.edu.ph) or the MHS Secretary, Ms. Kim (kdelrosario@cis.edu.ph)

STUDENT'S NAME	GRADE
1.	
2.	
3.	
4.	
5.	

Please indicate below the complete name of **AUTHORIZED PERSONS** who can pick up your child / children every day from school and the **CLASSMATES / FRIENDS IN SCHOOL** whom your child/children can ride home with:

AUTHORIZED PERSON/S (relationship to the family)	
1.	5.
2.	6.
3.	7.
4.	8.
CLASSMATES / FRIENDS FROM SCHOOL YOUR CHILD/REN CAN RIDE HOME WITH	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

OTHER MODE OF TRANSPORT. Please specify **ALL** possible mode of transport that you would allow your child / children to get off campus alone or with authorized person/s or classmate/friends. E.g., **TAXI / GRAB, JEEPNEY, MOTORCYCLE / ANGKAS.**

OTHER MODE OF TRANSPORTATION	

Parent's signature over printed name

Date