

COPPER COUNTRY INTERMEDIATE SCHOOL DISTRICT

TRANSPORT - CONSENT FORM

I, _____ being the parent or legal guardian of the child identified as, _____
authorizing his / her transport to the _____
School Principal's Office in accordance with Michigan Compulsory Attendance laws.

I do not have the means to transport my child and hereby authorize the CCISD Truant Officer to provide said transport to the location identified above.

Parent / Guardian's Signature: _____ Date: _____

Witnessed By: _____ Date: _____

CC: CCISD
Parent
School Principal
Prosecutor