



Via Vita Veritas Summer School

TRANSPORTATION PLAN AND AUTHORIZATION

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT NEIA on July 5th 2023 for VVVSS BY:

____ PARENT DROP OFF

____ OTHER (DESCRIBE _____)

MY CHILD WILL DEPART FROM the VVVSS PROGRAM on July 16th 2023 BY:

____ PARENT PICK UP

____ OTHER (DESCRIBE _____)

I, _____ give permission for my child to be released from the program at the day as stated above and/or I give my permission to the following people to receive my child at the end of the VVVSS programs.

If no one is authorized, please indicate by writing "NO ONE" here _____

1. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

2. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

3. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

I, _____ also give permission for my child to take a VVVSS organized school bus to Boston and back on the weekend of July 8th -9th, to practice in person survey that is part of the summer programs.

Parent /Guardian Signature

Date (valid for one year)