## Archway North Phoenix **Transportation Form** School Year: 2025-2026



## **Student Information**

Student's Full Name				
Parent/0	Guardian One		I	Phone #
Parent/0	Guardian Two			Phone #
			Kindergarten:	Full Day Half Day
Grade/T	eacher			
Agreem	ent: Please INITIAL each ite	m below:		
I understand that Archway North Phoenix does not provide transportation to/from school for students.				
	l agree to be responsible for safely transporting my child to and from school on time.			
	I understand that Archway North Phoenix policy does not allow for K-5th students to walk off school			
	property without being checked out by a parent, other responsible adult with written permission, or Prep			
	student, noted below.			
	I understand and agree that an Archway North Phoenix issued blue placard must be visible in my vehicle upon entry to the campus pick-up line, or I will be asked to exit the pickup line to obtain the necessary			
	and mandatory pickup placard from the front office.			
	I understand and agree that an Archway North Phoenix issued blue placard must be in hand for walk-up			
	pickup at the Archway Walk Up Gate. No classroom pick-up shall be permitted.			
Please check the type of pick-up below that applies to your ANP student (may be more than one):				
Please			-	
	Drive-Through Pick-up	Walk Up F	Pick-Up	Prep Student Pick-Up
Please provide the names of individuals (other than parents) allowed to pick-up your child (including Prep siblings)				
Name	Rel	ationship to student		Phone #
Name	Rol	ationship to student		Phone #
Nume				
Name	Dol	ationship to student		Phone #
Name	Ke	ationship to student		Phone #
Name	Rel	ationship to student		Phone #