



PARENT & STUDENT TRANSPORTATION AGREEMENT

We, (Student Name) _____ and (Parent Name) _____ understand that riding with DC SchoolConnect is a privilege. DC SchoolConnect services may be revoked if the student does not follow established safety and behavior guidelines. We understand that the current safety and behavior rules are available online at www.DCSchoolConnect.com.

By signing below we agree to abide by all of the policies, rules, and regulations. We clearly understand that infractions may result in suspension and/or termination of student transportation services.

Print Student Name

Student Signature

Date

Print Parent/Guardian Name

Parent/Guardian Signature

Date