



1850 N. Fairfield Rd.  
Beavercreek, OH 45432  
426-0079

## Permission For Transportation

Beavercreek Christian Learning Center has my permission to transport my  
child to and/or from \_\_\_\_\_.  
(School)

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Student's Home Address \_\_\_\_\_

Effective Date \_\_\_\_\_

Name of Parents or Guardian \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

All children transported by BCLC bus or vans.