



THEORY OF ARTS & SCIENCES

PHONE: 1-888-827-8188
E-MAIL: INFO@TASNEWYORK.COM
WEBSITE: WWW.TASNEWYORK.COM

AFTER SCHOOL PICKUP FORM

Student #1

Form for Student #1 with fields: STUDENT NAME, PICKUP TIME, SCHOOL NAME, PHONE, ADDRESS, CITY, STATE, ZIP, TEACHER'S NAME, PRINCIPAL'S NAME

Student #2

Form for Student #2 with fields: STUDENT NAME, PICKUP TIME, SCHOOL NAME, PHONE, ADDRESS, CITY, STATE, ZIP, TEACHER'S NAME, PRINCIPAL'S NAME

I hereby grant permission for my child / children to ride in any after school vehicle allocated to Theory of Arts & Sciences:

Print Name: _____ Signature: _____ Date: _____

THEORY OF ARTS & SCIENCES NEW YORK STATE NOTARY

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20____
by _____, who is personally known to me or who has produced
_____ as identification and who did (did not) take an oath.

Signed: _____
Name - Typed, Printed or Stamped

Title or Rank

Serial Number (If Any)

Register / Contact Us



EMAIL: INFO@TASNEWYORK.COM



MON - FRI 10 AM - 8 PM
SAT - SUN 12 PM - 4 PM
PHONE: 1(888)-827-8188



GO ONLINE: WWW.TASNEWYORK.COM

153 S BROADWAY HICKSVILLE, NY 11801

1915 DEER PARK AVENUE DEER PARK, NY 11729