



Area Agency on Aging of Southeast Arkansas, Inc.
Southeast Arkansas Transportation
600 S. Missouri Street
Pine Bluff, AR 71601
Phone: 870-543-6340
Toll-Free: 866-501-7328

Parent/Guardian Transportation Authorization & Acknowledgement Form

I, _____ ("Parent/Guardian"), hereby authorize Southeast Arkansas Transportation (SEAT) to provide one time transportation services for my child(ren) listed below to the Arts & Science Center on August 28th, 2026.

Student Information

Student Name	Date of Birth	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Information

Parent/Guardian Name: _____	Relationship to Student(s): _____
Address: _____	Primary Phone: _____
Alternate Phone: _____	Email Address: _____
_____	_____

Emergency Contact (Other Than Parent/Guardian)

Name: _____	Relationship to Student(s): _____
Primary Phone: _____	_____



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Transportation Information

To help SEAT safely transport your child, please indicate whether any of the following apply:

- | | |
|---|---|
| ☐ Uses a wheelchair | ☐ Uses another mobility device |
| ☐ Requires a child safety seat | ☐ Has a medical condition that may affect transportation |
| ☐ Has behavioral concerns that may affect transportation | ☐ Other transportation-related accommodations: _____ |

Parent/Guardian Acknowledgement

By signing below, I certify and acknowledge that:

- I am the parent or legal guardian of the student(s) listed above.
- The information provided on this form is true and complete to the best of my knowledge.
- I have received and reviewed the SEAT Passenger Guidelines & Transportation Information.
- I understand that all students are expected to comply with the SEAT Passenger Guidelines while utilizing transportation services.
- I understand that SEAT drivers are responsible for the safe operation of the vehicle and that students must follow all driver instructions.
- I understand that transportation services may be delayed, suspended, or terminated if a student's behavior creates a safety concern or repeatedly violates the SEAT Passenger Guidelines.
- I authorize SEAT to transport my child(ren) in accordance with the Service Agreement between SEAT and the Arts & Science Center and the SEAT Passenger Guidelines & Transportation Information.

Parent/Guardian Signature

Printed Name

Signature

Date