



CREATING ENTREPRENEURIAL
OPPORTUNITIES

Student Transportation Information

Student Name

Name of Health Insurance Company

Name of Policy Holder

Member ID Number/Group Insurance Number

Policy Period

Students Drivers License Number

Auto Liability Insurance Company
Name and Policy Number

I understand that each CEO student is responsible for their own transportation to and from CEO. If I have any concerns about transportation, I will contact the class Facilitator.

Student Signature

Parent/Guardian Signature

Date

Date