

# Winding Creek Elementary

## Transportation Note

Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

### TO SCHOOL:

Bus #: \_\_\_\_\_ From: \_\_\_\_\_  
(name)

Address: \_\_\_\_\_

### FROM SCHOOL:

Bus #: \_\_\_\_\_ From: \_\_\_\_\_  
(name)

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

### AFTER SCHOOL (PLEASE CHECK ONE):

☐ Parent Pick Up ☐ Tutoring

☐ After School Club: \_\_\_\_\_  
(Name of Club)

Name of Person Picking Up My Child / Relationship: \_\_\_\_\_

Phone Number for Above: \_\_\_\_\_

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