

Winding Creek Elementary

Transportation Note

Date: _____ Grade: _____ Room: _____

Student Name: _____

Parent Signature: _____

TO SCHOOL:

Bus #: _____ From: _____
(name)

Address: _____

FROM SCHOOL:

Bus #: _____ To: _____
(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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