

Little Buckeye Learning Center

TRANSPORTATION FORM

School starts: _____

School out: _____

Breakfast at school: Yes or No

PUBLIC TRANSPORTATION FORMS 20__ - 20__

Child's name: _____

School's name: _____

School's address: _____

School's phone: _____

Home room # _____

H.R. Teacher _____

Principal _____

Parent's phone # Home: _____

Work: _____

Cell: _____

Fax: _____

PARENT SIGNATURE

DATE

I give LBLC permission to transport my child to school and from school to LBLC in LBLC vehicles and walk to the public school vehicles stops from LBLC.