



TRANSPORTATION REQUEST AND PERMISSION

Date: _____

I, _____, give permission to Hour Kidz and or it's authorized employees/directors/owners to provide transportation to and from the South Lyon Elementary Schools and the Early Childhood Center from or to Hour Kidz on an as needed basis or according to the regular schedule I have outlined below for my child(ren):

Name of child _____ Grade: _____

Name of child _____ Grade: _____

Name of child _____ Grade: _____

Drop off and/or pick up School name: _____

Circle one or both:

Monday	Drop Off to school	Pick Up from school
Tuesday	Drop Off to school	Pick Up from school
Wednesday	Drop Off to school	Pick Up from school
Thursday	Drop Off to school	Pick Up from school
Friday	Drop Off to school	Pick Up from school

- Check this box if the drop off or pick up schedule varies. Please give Hour Kidz your schedule at least one week in advance.

Printed Parent Name

Parent Signature