

Transportation Destination

Date _____

Student(s) Name/Classroom:

Student(s) Name/Classroom:

Student(s) Name/Classroom:

Student(s) Name/Classroom:

Please circle destination/drop off choice and day of week choice (This is for the afternoon transportation only):

- | | |
|------------------------------------|-------------|
| 1. Jackson | M Tu W Th F |
| 2. Evangelical Church | M Tu W Th F |
| 3. Redland | M Tu W Th F |
| 4. Holcomb | M Tu W Th F |
| 5. Picked up at Springwater School | M Tu W Th F |

If there are any changes to your child's schedule, please make them in the pikmykid app.

Parent/Guardian Signature