



Kaneland John Stewart
Transportation Note

Date: _____

My Child: _____

Teacher: _____

* Will be picked up by:

at: _____ a.m. / p.m.

* Will be going home with:

(Child's name/teacher)

* Will be riding the bus with:

_____ (Bus Route #)
(Child's name/teacher)

* Will be bringing home:

(Child's name/teacher)

* Other:

Parent signature and daytime phone:

Note to Parents:

When making alternate transportation arrangements for your child, it is required that **both** parties submit a permission note to the school office.

Courtesy of Kaneland John Stewart PTN