

WOODFOREST ACADEMY, LLC.

Authorization for Transportation 2020-2021

Child's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

D.O.B. _____

Parent/Guardian Name: _____ Contact #: _____

Parent/Guardian Name: _____ Contact #: _____

Emergency Contact: _____ Contact #: _____

Pick up from: _____

Drop off at: _____

Pick up from: _____

Drop off at: _____

Mon: _____ Tue: _____ Wed: _____ Thur: _____ Fri: _____

I give authorization for Woodforest Academy; LLC to pick up and/or drop off my child to his/her designated elementary school.

I understand that any and all transportation changes are to be verbally told to Woodforest Academy, LLC Management; written and/or emailed to director@woodforestacdemy.com with a 24 hours notice with the exception of illness. If your child will be absent from school, please inform Woodforest immediately that transportation services are not needed.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

WOODFOREST ACADEMY, LLC.