



### School Transportation Agreement

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

(Circle one if applicable. Additional schools upon request & availability)

<b>Anderson</b> 2800 Oakland Hills Plano, TX 75025 469-633-2300	<b>Ashley</b> 15601 Christopher Ln. Frisco, TX 75035 469-633-3700	<b>Liscano</b> 11222 Mammoth Cave Lane Frisco, TX 75035 469-633-2275	<b>Isbell</b> 600 Maltby Dr. Frisco, TX 75035 469-633-3400	<b>McSpedden</b> 14140 Countrybrook Dr. Frisco, TX 75035 469-633-4025
<b>Mooneyham</b> 2301 Eden Dr. McKinney, TX 75070 469-633-3650	<b>Norris</b> 10101 Shepton Ln. Frisco, TX 75035 469-633-4075	<b>Taylor</b> 9865 Gillespie Dr. Plano, TX 75025 469-633-3625	<b>Vandeventer (13 and under)</b> 6075 Independence Pkwy Frisco, TX 75035 469-633-4350	<b>Early Childhood School</b> 10330 Red Cedar Dr. Frisco, TX 75035 469-633-3825

I, \_\_\_\_\_, agree for my child, \_\_\_\_\_ to ride on the bus provided by Kids 'R' Kids of Lawler Farm in Frisco.

My child is in the \_\_\_\_\_ grade.

My child will be riding the bus (Please circle all that apply):

**a.m. ONLY      p.m. ONLY      a.m and p.m.      FIELD TRIPS**

Parent Emergency Information to remain on the bus:

Parent's Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Work# \_\_\_\_\_ Father's Work# \_\_\_\_\_

Mother's Cell# \_\_\_\_\_ Father's Cell# \_\_\_\_\_

If I cannot be reached to make arrangements for emergency medical care for my child at the time of a sudden illness/accident, or time will not permit to notify me first, I give my permission for Kids R Kids and the Director and /or Franchisees to take my child to Centennial Medical Center, located at 12505 Lebanon Rd., in Frisco, TX or the nearest Emergency Room to our current location. I hereby give consent for necessary emergency treatment when my child is in the care of a licensed Physician, Emergency Room or Hospital.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_