



**SMART CHOICE. SMARTER CHILD.®**

**Transportation Agreement  
For School Age Students**

Child's Full Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Name of School:

\_\_\_\_\_

School Address:

\_\_\_\_\_

School Phone:

\_\_\_\_\_

- To school at \_\_\_\_\_ (am)
- From school at \_\_\_\_\_ (pm)

On the following days: Monday   Tuesday   Wednesday   Thursday   Friday

- In the event the designated location is unable to receive children they will be returned to Kids 'R' Kids Olathe.
- It is vital that Kids 'R' Kids Olathe be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids Olathe will assume the above schedule of transportation will be followed unless we receive different instructions from parents.

I, \_\_\_\_\_ agree for my child to be transported by Kids 'R' Kids Olathe.

**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

