UNION LOCAL ELEMENTARY SCHOOL

Scott Bowling, Principal
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Belmont, OH 43718

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Parent/Guardian Transportation

_____	_____	_____
Student's Name	Grade	Teacher

I, _____ will be transporting my child to and from
Parent/guardian
School for the 2009 - 2010 school year.

I understand that the drop-off time will be 8:30-9:00 AM and the pick up time will be at 3:10 PM.

I also will notify the teacher by note if there will be any changes to this arrangement.

Signed _____

Date _____

Please list the names of other **adults** who might be picking up your child.

1) _____

2) _____

3) _____