

ACTIVITY TRANSPORT REQUEST

NAME: _____

ACTIVITY: _____

ADULT IN CHARGE'S NAME: _____

LOCATION: _____

STARTING DATE: _____

ENDING DATE: _____

DROP OFF TIME: _____

PICK UP TIME: _____

I hereby give permission to Northview Extended Day Care for my child to be walked over too and/or picked up from East Oakview Elementary or Highlands Middle School to attend after school activities.

I understand that is it my responsibility to inform Northview Extended Day Care of any and all changes in my child's after school activity schedule.

PARENT SIGNATURE: _____

DATE: _____ -