

SCHOOL INFORMATION AND TRANSPORTATION RELEASE

Child's Name_____ Date of Birth_____

Please initial the school your child will attend:

___Alvarado North
1500 Cummings Dr. Alvarado, TX 76009
(817)783-6863

___Alvarado South
1000 N Davis St. Alvarado TX 76009
(817)783-6880

___Alvarado Intermediate
1401 S Davis St. Alvarado, TX 76009
(817)783-6825

Will Kiddie Korral transport your child to and/or from school? Y N

Drop off? Y N

Pick up? Y N

___I give Kiddie Korral permission to transport my child to and from school. If my child is absent from school, I am aware that is my responsibility to inform Kiddie Korral to inform Kiddie Korral that my child will not be on the bus that day.

___My child's immunization and medical records are on file and available for review at his/her school.

Parent Signature_____

Date_____

Parent emergency phone # _____

Work phone # _____

Alternate emergency contact name an phone #
