

# Bus Pick-Up and Drop-Off Locations

Child(ren) Name(s) \_\_\_\_\_

\_\_\_\_\_

Pick-up location #1

Name of Homeowner/Location: \_\_\_\_\_

Address: \_\_\_\_\_

Pick-up location #2

Name of Homeowner/Location: \_\_\_\_\_

Address: \_\_\_\_\_

Drop-off location #1

Name of Homeowner/Location: \_\_\_\_\_

Address: \_\_\_\_\_

Drop-off location #1

Name of Homeowner/Location: \_\_\_\_\_

Address: \_\_\_\_\_

## Permission to receive non-emergency School Messenger email/text/calls from Pierz School District #484:

I give my permission to Pierz School District #484 to provide me with non-emergency information via automated phone system contact.

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

