



OPA I _____
 1890 MARS HILL ROAD
 WATKINSVILLE, GA 30677
 (706) 769-KIDS (5437)

OPA II _____
 1420 GREENSBORO HIGHWAY
 WATKINSVILLE, GA 30677
 (706) 769-CARE (2273)

Transportation Agreement

This is to certify that I give Oconee Preschool Academy permission to transport my child
(Name of Facility)

_____ from _____
(Name of Child) (School Pickup Location)

at _____ (am/pm) to Oconee Preschool Academy at _____ (am/pm).
(Delivery Location)

My child will be transported from _____ at _____ (am/pm)
 to _____ at _____ (am/pm) on the following days:
(Alternate Delivery Location)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
(place check marks)

_____ is authorized to receive my child. In the event the authorized
(Name of Authorized Person)
 person is not present to receive my child; the following procedures are to be followed:

The _____ is approximately _____ miles from the preschool.
(Location)

In the event my child is not to be transported daily as outlined above, I agree to notify Oconee
Preschool Academy as soon as possible or no later than 2:00 p.m. during the county school year.
(facility)

Note: Oconee Preschool Academy policy does not transport children except from county school systems and/or to and from field trips back to the preschool only.

Signature _____ Date _____
(Parent/Guardian)

DO NOT LEAVE ANY SPACES BLANK
(mark blank spaces n/a if not applicable)