



1402 Newton Drive * P.O. Box 243 * Tifton, GA 31793
Phone: 229-382-9919 * Fax: 229-382-3749

Transportation Agreement

This is to certify that I give **Kids' Advocacy Coalition, Inc.** permission to transport my child,

_____ from Charles Spencer Elementary or Matt Wilson

Elementary at 3:30-3:45 pm to J. T. Reddick Elementary at approximately 4:00 pm.

My child will be transported on the following days:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Dot Funnye is authorized to receive my child.

In the event the authorized person is not present to receive my child, the following procedures are to be followed:

JT Reddick KAC Staff
JTR Office Phone: 387-2435
KAC Cell: 392-6542

J. T. Reddick Elementary is approximately 1 - 1 1/2 miles from the above schools.

In the event that my child is not to be transported as outlined above, I agree to notify Kids' Advocacy Coalition, Inc.

Signature (Parent/Guardian) _____

Date _____