

Transportation Form

Please check the appropriate box.

My child _____ will:

Ride Bus # _____ in the morning and bus # _____ in the evening

My child is **dropped** off at:

Home Other: (Name and Address)

Walk home after school

Be picked up and has permission to be picked up by the following individuals without a note.

Person's Name

Phone Number

If any other person not on the above list comes to pick up your child the school must be notified and the person must come into the building and sign out the child.

Please add below any special considerations including arrangements for different days of the week.

(Parent Signature)

(Date)