

TRANSPORTATION INFORMATION FORM

Student Name: _____

Grade/Teacher: _____

ARRIVAL INFORMATION FOR EACH DAY OF THE WEEK

Monday	Tuesday	Wednesday	Thursday	Friday
___ car	___ car	___ car	___ car	___ car
___ walk	___ walk	___ walk	___ walk	___ walk
___ bus/van	___ bus/van	___ bus/van	___ bus/van	___ bus/van

DISMISSAL INFORMATION FOR EACH DAY OF THE WEEK

Monday	Tuesday	Wednesday	Thursday	Friday
___ car	___ car	___ car	___ car	___ car
___ walk	___ walk	___ walk	___ walk	___ walk
___ bus/van	___ bus/van	___ bus/van	___ bus/van	___ bus/van

Student is eligible to ride Bus/Van # _____ provided by _____ School District.

Please be advised that I, as a parent, have called the _____ School District and requested a change in the pickup and/or drop off stop for my child.

The pickup stop is _____ . Initial _____

The drop off stop is _____ . Initial _____

If this procedure changes or if my child will be dismissed differently than described above, I will send a note to **this child's homeroom teacher**. (*Teachers do not send a note from home around school to the other teachers.*) I will refrain from calling the office knowing that communications between the office, child, and teachers occur in the morning. Communications at other times cannot be guaranteed. I will call only in case of emergencies or unavoidable changes.

Signature: _____ Date: _____