Transportation Form

Please notify the school **IN WRITING** if there is a change to your child's transportation schedule.

STUDENT NAME: _____

TEACHER: _____

My child **ARRIVES** to school by (please check one):

[ ] **Car** ☐ M ☐ T ☐ W ☐ Th ☐ F

[ ] **Bus** ☐ M ☐ T ☐ W ☐ Th ☐ F

Morning bus #: _____

Location of bus stop: _____

[ ] **Walking** ☐ M ☐ T ☐ W ☐ Th ☐ F

[ ] **Day Care Van** ☐ M ☐ T ☐ W ☐ Th ☐ F

Name of Daycare: _____

Address: _____

Phone #: _____

My child **LEAVES** school by:

[ ] **Car** ☐ M ☐ T ☐ W ☐ Th ☐ F

Driven By: _____

[ ] **Bus** ☐ M ☐ T ☐ W ☐ Th ☐ F

Afternoon bus #: _____

Location of bus stop: _____

[ ] **Walking** ☐ M ☐ T ☐ W ☐ Th ☐ F

[ ] **Day Care Van** ☐ M ☐ T ☐ W ☐ Th ☐ F

Name of Daycare: _____

Address: _____

Phone #: _____

PARENT/GUARDIAN SIGNATURE: _____

DAYTIME PHONE NUMBER: _____