

TRANSPORTATION FORM

Child's Name: _____ Effective Date: _____

Home Address: _____ Home Phone: _____

Grade: _____ Teacher: _____

Mom's Work Phone: _____ Dad's Work Phone: _____

Mom's Cell Phone: _____ Dad's Cell Phone: _____

Please select how your child will go home each day below:

BUS RIDER

Bus from home to school: _____ Bus from school to home: _____
(Bus #) (Bus #)

Bus Stop/address to be dropped at: _____

(PLEASE CIRCLE DAYS THAT APPLY FOR BUS RIDERS)

Monday Tuesday Wednesday Thursday Friday

DAYCARE

Daycare Name: _____ Phone: _____

(PLEASE CIRCLE DAYS THAT APPLY FOR TRANSPORTATION)

Monday Tuesday Wednesday Thursday Friday

___ **WALKER** ___ **BIKE RIDER** ___ **CAR RIDER** ___ **FAMILIES ON FOOT**

(PLEASE CIRCLE DAYS THAT APPLY FOR TRANSPORTATION)

Monday Tuesday Wednesday Thursday Friday

***Families on Foot- Is for Kinder and 1st Grader ONLY. Students are kept under the awning, supervised and must be checked out to a parent, guardian or childcare provider.*