



TRANSPORTATION DEPARTMENT

2019-2020 School Year



Office Use Only	Bus # _____	Bell _____	
	T-Code: _____	NT – Not Transported	T1: Twice Daily > Mile T2: Twice Daily < Mile T3: Once Daily > Mile T4: Once Daily < Mile

Dear Parents,

In order to prevent confusion in transportation/security, we are requesting that all parents complete the following information. Due to school policy procedures and for the safety of your child, **we cannot make transportation changes by phone.** Make sure your child **brings a note** with a detailed explanation (**name of student, drop-off address, person to receive student, bus number**) to school each time the transportation procedure is altered in any way. **Without this change note, we must follow the current procedure of sending your child to the established destination.**

Child's Name: _____

Home Address: _____

Grade: _____ Child's Teacher: _____

Please mark the appropriate choice below:

_____ My child is a car rider every day mornings and afternoon.

_____ My child will be transported **daily** in the mornings **to school** by bus.

_____ My child will be transported daily in the afternoons **from school** by school bus to:

Address _____

Phone _____ **Person Responsible for receiving child** _____

_____ My child **will be picked** up from school (car rider):

_____ Everyday

_____ Regularly (i.e., Wednesday or every Friday)

Indicate your regular pick-up days _____

_____ Occasionally (on unknown days, a note is still needed)

_____ **Person Responsible for pick up** _____ (must be listed on check-out card)

_____ My child will go the **YMCA afterschool program** Daily

Parent Signature Date

NOTE- Incidental pick-ups (doctor's appointment, emergencies, etc.) still require you to come in and sign your child out of school.