

BEFORE AND AFTER SCHOOL TRANSPORT ARRANGEMENTS



DATE

TEACHER

STUDENT NAME

ADDRESS

PHONE NUMBER

BEFORE SCHOOL ARRANGEMENTS: (*PLEASE PICK ONLY ONE*)

_____ STUDENT RIDES BUS # _____ FROM HOME.

_____ STUDENT RIDES BUS # _____ FROM _____.
(SITTER/DAYCARE)

_____ STUDENT WALKS TO SCHOOL

_____ STUDENT IS BROUGHT TO SCHOOL BY PARENT OR
GUARDIAN

AFTER SCHOOL ARRANGEMENTS: (*PLEASE PICK ONLY ONE*)

_____ STUDENT RIDES BUS # _____ TO HOME.

_____ STUDENT RIDES BUS # _____ TO _____.
(SITTER/DAYCARE)

_____ STUDENT WALKS HOME OR TO DESIGNATED SITE.

_____ STUDENT IS A DAILY PICK-UP UNLESS A NOTE IS SENT IN BY
PARENT TO STATE OTHERWISE.

PARENT OR GUARDIAN SIGNATURE