

2017 - 2018 GRADE SCHOOL TRANSPORTATION/BUS PLAN FOR:

Child(ren) Name(s) _____

Teacher(s) _____ Grade(s) _____

_____ My child(ren) will ride the bus.

Get on the bus at this location:

Home Owner _____

Street Address _____

Get off the bus at this location:

Home Owner _____

Street Address _____

Special Instructions, if any _____

***** **OR** *****

_____ My child(ren) will walk to & from school.

The following person(s) will be walking with or bringing/picking up my child(ren): _____

.....
In case of an early dismissal (anytime before 3:00 PM), my child (ren):

_____ will get off at above listed location

_____ will get off the bus at the following different location:

Home Owner _____

Street Address _____

_____ will walk or be picked up as listed above

These early dismissal instructions apply to: _____ 1/2 School Days _____ Snow, etc. Early Release _____ Both

Parent telephone number during school hours: _____

If a need were to arise (i.e. sickness, etc.), please list below the person(s) that could possibly be picking up your child(ren).

I understand that should any of this information change, I will notify the school office, and complete a new bus plan if required. My child **will not be** released to anyone besides myself or held off the bus after school dismissal without proper notification. **This is for the safety of my child.**

Parent/Guardian Signature: _____ Date: _____