

**TRANSPORTATION TO AND FROM SCHOOL
2016-2017 SCHOOL YEAR**

Students' Name(s) _____ Grade _____
_____ Grade _____
_____ Grade _____
_____ Grade _____

Transportation to School (please check appropriate space):

Car (arrival between 7:45 & 8:05) _____

Driven by _____

Before & After Program _____

Walking _____

Bus: Please list days that student will ride _____

Special instructions:

Transportation from School (please check appropriate space):

Car (picked up at 3:15 p.m.) _____

Driven by _____

Before and After Program _____

Walking _____

Bus: Please list days that student will ride _____

Special instructions:

EMERGENCY EARLY DISMISSAL - Please give specific written directions in case of an emergency early dismissal. We must have the names and phone numbers of at least two responsible individuals who we may contact if your child is NOT picked up. No child will be allowed to leave the building unless accompanied by a designated person. (An emergency call list will be given to emergency callers from each homeroom so that you will be contacted if this situation should arise. Please discuss this procedure with your children as school begins.):

Specific instructions:

I designate the following individuals to pick up my child(ren) in the event of an emergency early dismissal.

Name _____ **Phone** _____

Name _____ **Phone** _____

Name _____ **Phone** _____

Parent Signature _____ **Date** _____