

Centerburg Elementary School Student Transportation Form

Below is the transportation plan for my child. I understand if this plan changes, a new form must be filled out and returned to the elementary office.

Student's Name _____

Student's Grade/Teacher Name _____

Please consider the following options and mark the appropriate one:

•My child will not use bus service. Transportation will be provided by parent or persons listed below (or my child walks to school):

•My child will be picked up and dropped off by bus from our home address every day:

_(address)_____

•My child will be picked up and dropped off by bus from the child care address **every day (see below if this is not an every day occurrence):**

_(address)_____

If this is not an every day occurrence, please explain. For example, every M,T, W dropped off at child care, every Th, F dropped off at home. Also explain if the pick up location is different than the drop off location. For example, my child is picked up at home but dropped off at child care. Please keep in mind this schedule must be the same every week.

Child care provider name and phone number: _____

On an occasion when your child will not be doing what is stated on this transportation form, that change must be sent in the form of a written note for the day of the change. You may also email Jeanette or Susan by 2:30.

Parent Signature and Phone Number

