

BUS SCHEDULE CHANGE

DATE: _____

CHILD'S NAME: _____ TEACHER: _____

I give permission for my child/children to be dropped off after school on the following days of the week and at the following location:

MONDAY: _____

TUESDAY: _____

WEDNESDAY: _____

THURSDAY: _____

FRIDAY: _____

Transportation changes should not be made for social reasons and play dates.

If your child/children needs to be picked up in the morning at a location other than your residence, please indicate the days of the week and the location below: Thank you.

MONDAY: _____

TUESDAY: _____

WEDNESDAY: _____

THURSDAY: _____

FRIDAY: _____

Signature: _____

Parent/Guardian

Please Print: _____

Parent Name