



**BRANDON ELEMENTARY
SCHOOL**

**125 Overby Street
Brandon, MS 39042
601.825.4706**



TRANSPORTATION CHANGE

Teacher: _____ Date (mm/dd): _____

My child: _____

will have a different means of transportation:

- Today
- Tomorrow
- All Week
- Until Further Notice

He / She will be a:

- Car Rider
- Bus Rider on Bus Number _____

to the physical address _____

- Day Care rider with _____ Day Care

Parent / Guardian Signature: _____

Cell Phone: _____ Daytime: _____