



**BRANDON MIDDLE  
SCHOOL**

**408 S. College Street  
Brandon, 39042  
601.825.5998**

## **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: \_\_\_\_\_