

**Maple Elementary
STUDENT TRANSPORTATION FORM**

Student Name _____

Teacher _____

Address _____

Phone Number _____

PLEASE COMPLETE BOTH SECTIONS BELOW.

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Student Drop-Off (afternoon). Please check appropriate option as only one can be chosen due to contact tracing.

_____ Send home on regular bus to home address.

_____ To be Picked-up by the following Day Care Center:

_____ To be Picked-up by parent/guardian or following individual(s):

_____ Send to the YMCA after-school care program (YMCA program registered children only)

If the above information changes at any time, I will contact my child's school office and complete a new transportation form. This is the information school personnel will use to send my child home from school, unless otherwise notified by me in writing by 2:00 p.m. the day of the change.

PARENT SIGNATURE

DATE