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North Gresham Elementary
2023-2024



MY STUDENT'S TRANSPORTATION

Student Name: _____

Teacher: _____ **Grade:** _____

YEARLY TRANSPORTATION

Please circle your student's **AFTERNOON** transportation for the school year. Please select only **one** option per day. Any changes need to be called into the office *before* 2 p.m.

<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
Bus #____	Bus #____	Bus #____	Bus #____	Bus #____
Pick-Up	Pick-Up	Pick-Up	Pick-Up	Pick-Up
Walk	Walk	Walk	Walk	Walk
Daycare	Daycare	Daycare	Daycare	Daycare
_____ <i>(daycare name)</i>	_____ <i>(daycare name)</i>	_____ <i>(daycare name)</i>	_____ <i>(daycare name)</i>	_____ <i>(daycare name)</i>

EMERGENCY TRANSPORTATION

In the event of an early school closure due to inclement weather or other emergency, please circle how your student will get home. Please select only **one** option.

BUS # ____ **PICK-UP** **WALK** **DAYCARE** _____

I understand that my student will be sent home each day according to the daily schedule, and in the event of an early school closure they will be sent home according to the option I've circled above. I understand that all changes need to be made with the school office.

Parent/Guardian Name: _____

Signature: _____ **Date:** ____/____/____