TRANSPORTATION SHEET

Student's name: _____Teacher:_____

Guardian's Name:_____ Phone: _____

Guardian's Name:_____ Phone: _____

FIRST WEEK OF SCHOOL

We know the first week of school is sometimes different from the rest of the year. Please fill out this for the first week of school only.

FRIDAY, SEPT 6TH.
Bus # ____
Pick up
Right at School
Samena Van

HALF DAY! 1:20

MON, SEPT 9TH.	TUES, SEPT 10TH.	WED, SEPT 11TH.	THURS, SEPT 12TH.	FRI, SEPT 13TH.
Bus # ____	Bus # ____	Bus # ____	Bus # ____	Bus # ____
Pick up	Pick up	Pick up	Pick up	Pick up
Right at School	Right at School	Right at School	Right at School	Right at School
Samena Van	Samena Van	Samena Van	Samena Van	Samena Van

YEARLY TRANSPORTATION PLAN

Please circle your student's AFTERNOON transportation for the REST of the school year.

HALF DAY! 1:20

MONDAYS	TUESDAYS	WEDNESDAYS	THURSDAYS	FRIDAYS
Bus # ____	Bus # ____	Bus # ____	Bus # ____	Bus # ____
Pick up	Pick up	Pick up	Pick up	Pick up
Right at School	Right at School	Right at School	Right at School	Right at School
Samena Van	Samena Van	Samena Van	Samena Van	Samena Van