

# Crivitz Elementary Go-Home Plan for 4K to 4th grade

Child's first & last name:	
Teacher's name:	
Effective date:	



**Please indicate your child's go-home plan for each day of a typical school week.**

**\*\*\*\*\*PICK ONLY ONE OPTION PER DAY.\*\*\*\*\***

**In the event that an after-school activity is canceled, school staff will follow your child's regular Go-Home Plan.**

**GO-HOME PLAN CHANGES MUST BE ARRANGED BEFORE SCHOOL WITH A DATED WRITTEN NOTE, EXCEPT IN EMERGENCIES. DO NOT CALL OR EMAIL AFTER SCHOOL GO HOME CHANGES.**

<b>MON</b>	<input type="checkbox"/> Pick up by who: _____ <input type="checkbox"/> Please Circle <u>Bus</u> #: 1 2 3 4 5 6 7 8 9 Destination Student Name/Address: _____ <input type="checkbox"/> <u>CYI Bus</u> <input type="checkbox"/> <u>Other (write in):</u>
<b>TUE</b>	<input type="checkbox"/> Pick up by who: _____ <input type="checkbox"/> Please Circle <u>Bus</u> #: 1 2 3 4 5 6 7 8 9 Destination Student Name/Address: _____ <input type="checkbox"/> <u>CYI Bus</u> <input type="checkbox"/> <u>Other (write in):</u>
<b>WED</b>	<input type="checkbox"/> Pick up by who: _____ <input type="checkbox"/> Please Circle <u>Bus</u> #: 1 2 3 4 5 6 7 8 9 Destination Student Name/Address: _____ <input type="checkbox"/> <u>CYI Bus</u> <input type="checkbox"/> <u>Other (write in):</u>
<b>THU</b>	<input type="checkbox"/> Pick up by who: _____ <input type="checkbox"/> Please Circle <u>Bus</u> #: 1 2 3 4 5 6 7 8 9 Destination Student Name/Address: _____ <input type="checkbox"/> <u>CYI Bus</u> <input type="checkbox"/> <u>Other (write in):</u>
<b>FRI</b>	<input type="checkbox"/> Pick up by who: _____ <input type="checkbox"/> Please Circle <u>Bus</u> #: 1 2 3 4 5 6 7 8 9 Destination Student Name/Address: _____ <input type="checkbox"/> <u>CYI Bus</u> <input type="checkbox"/> <u>Other (write in):</u>

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Transportation office use only:

- Skyward   
  Go-Home Plan Google Sheet   
  SBM   
  Teacher notified   
 ► Office Initials/Date