



1985 Barkley Boulevard
 Bellingham, Washington 98226
 (360) 676-6400
 bellingshamschools.org

Elementary Return Home Plan

School: _____

Child's Name: _____ Grade: _____

Please indicate your child's travel plans for each day of a typical school week:

(Students are assigned to a bus and designated stop based on their address in Skyward; please check bellingshamschools.org/transportation for bus information)

Please check the box for days of the week.

School Bus	Yes / No	School Bus Number:	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
Pick-up by parent/guardian/authorized person(s) (see list below)	Yes / No		M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
Pick-up by daycare van	Yes / No	Name of Provider:	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
YMCA after-school-program	Yes / No		M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
<input type="checkbox"/> Off-site	<input type="checkbox"/> In-building		
Walk/Bike	Yes / No		M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
Other:			M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>

Name 1		Phone #		Relationship	
Name 2		Phone #		Relationship	
Name 3		Phone #		Relationship	
Name 4		Phone #		Relationship	
Name 5		Phone #		Relationship	