Crivitz Elementary Go-Home Plan for 4K to 3rd 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.

MON	☐ Pick up by who: _____ ☐ Please Circle Bus #: 1 2 3 4 5 6 7 8 9 Destination Student Name/Address: _____ ☐ CYI Bus ☐ Other (write in):
TUE	☐ Pick up by who: _____ ☐ Please Circle Bus #: 1 2 3 4 5 6 7 8 9 Destination Student Name/Address: _____ ☐ CYI Bus ☐ Other (write in):
WED	☐ Pick up by who: _____ ☐ Please Circle Bus #: 1 2 3 4 5 6 7 8 9 Destination Student Name/Address: _____ ☐ CYI Bus ☐ Other (write in):
THU	☐ Pick up by who: _____ ☐ Please Circle Bus #: 1 2 3 4 5 6 7 8 9 Destination Student Name/Address: _____ ☐ CYI Bus ☐ Other (write in):
FRI	☐ Pick up by who: _____ ☐ Please Circle Bus #: 1 2 3 4 5 6 7 8 9 Destination Student Name/Address: _____ ☐ CYI Bus ☐ Other (write in):

Parent Signature: **Date:**

Transportation office use only:

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