Crivitz Elementary Go-Home Plan CHANGE

Child's first & last Name:	
Teacher's name:	
Date change is to take place:	

☐ **ride school bus #** (circle)**: 1 2 3 4 5 6 7 8 9** ☐ **HOME *or* with/to: _____**

☐ **pick up after school by: _____**

☐ **pick up early** (time)**: _____** by**: _____**

for: ☐ **doctor** ☐ **dentist** ☐ **ortho** ☐ **out of town** ☐ **appt** ☐ **other: _____**

☐ **will return to school** ☐ **will NOT return to school**

☐ **stay after school to participate in:_____**

☐ **walk home**

☐ **CYI bus**

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.

Parent Signature: **Date Signed:**

Transportation office use only

❑ Teacher initials/notified	❑ Route sheet updated	➢ Office:

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