



### Transportation Change Form

\_\_\_\_\_  
Teacher's Name

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
**Date of Transportation Change**

My child, \_\_\_\_\_ will have a change to his/her normal dismissal today.

- My child normally rides the bus.     My child is normally picked up.     My child normally attends Extended Care Program.

**Today**

\_\_\_\_\_ I will be picking him/her up as a car rider today.

\_\_\_\_\_ I will be picking him/her up early at \_\_\_\_\_ because \_\_\_\_\_

\_\_\_\_\_ He/She will be going home with \_\_\_\_\_, by car.  
Name of student/school family/relative

This person or family is listed as an Emergency Contact Yes/No  
(If the answer is NO please include an Emergency Contact Phone Number.) \_\_\_\_\_

\_\_\_\_\_ He/She will be attending the Extended Care Program. I have already made this arrangement with the Extended Care Coordinator.

\_\_\_\_\_  
Parent/Guardian **Print**

\_\_\_\_\_  
Parent/Guardian **Signature**



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