

Transportation Change Form



Waldorf
School of Pittsburgh

Teacher's Name & Grade

Today's Date

Date of Change _____ **Day of Change** _____ (i.e. Mon., Tues....)

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.

_____ I will be picking him/her up early at _____ because _____

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

This person or family is listed as an Emergency Contact Yes/No
If 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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