Student's Name:	Teache	Teacher:		
		DAILY		
The following information will assist us allowed for Monday through Friday!				TWO destination addresses are
Monday	Tuesday	Wednesday	Thursday	Friday
Destination #1 address:				
Person receiving child:				
Method of transportation: (circle one)	school bus	parent to pick up	walker	
Other information:				
Monday	Tuesday	Wednesday	Thursday	Friday
Destination #2 address:				
Person receiving child:				
Method of transportation: (circle one)	school bus	parent to pick up	walker	
Other information:				
	P	LANNED HALF DAYS		
The following information will assist us	in dismissing your	child from school on plan	ned half days.	
Destination address:				
Person receiving child:				
Method of transportation: (circle one)	school bus	parent to pick up	walker	
Other information:				
	EMER	GENCY SCHOOL CLOSI	NG	
This information will assist us in dismis emergency.	sing your child fror	m school in the event of ar	n unplanned emerç	gency school closing due to a
Destination address:				
Person receiving child:				
Method of transportation: (circle one)	school bus	parent to pick up	walker	
Other information:				
Parent/Guardian Signature		 Date		
Home # Wo	ork#	 Cell #		