

MODE OF TRANSPORTATION

Student Name _____

Grade Level _____

Teacher _____

Please check below, one method of transportation for your child.

_____ My child will ride (Mike's(N / S , Pam's (N / S) bus home from school

_____ My child will walk home from school or be picked up by car

_____ My child has by permission to ride a bicycle to/from school when Weather permits

Make/Model of bicycle _____

Color of bicycle _____

PLEASE NOTE: If your child needs to go home after school by a method other than indicated above, the parent must send a signed note or call the school that day. Otherwise, the teacher will send your child home according to the indicated Mode of Transportation. This is to ensure THE SAFETY OF YOUR CHILD. If your child is being picked up by car, please park in the circle at the front of the school. Parking on 19th St. is also suggested, but only on the North (school) side of the street. DO NOT PARK IN THE HANDICAPPED SPACES AT ANY TIME UNLESS YOU HAVE A HANDICAPPED SIGN DISPLAYED IN THE FRONT WINDSHIELD OF YOUR VEHICLE.