

Turtle Lake School

Student Transportation Plan

School Year: _____

Please complete this form for **EACH CHILD** and return it to the teacher on Meet Your Teacher Night. Additional forms can be found on-line or in the office. This should reflect their regular schedule. If there is an occasional change, a note **MUST** be sent with the child to school. **If there is a permanent change to their end of the day transportation, please complete a new form.** Thank you for your cooperation!

Circle the appropriate choice for after school transportation:

MONDAY	BUS # _____	PARENT PICK-UP	YCARE	WALKER
TUESDAY	BUS # _____	PARENT PICK-UP	YCARE	WALKER
WEDNESDAY	BUS # _____	PARENT PICK-UP	YCARE	WALKER
THURSDAY	BUS # _____	PARENT PICK-UP	YCARE	WALKER
FRIDAY	BUS # _____	PARENT PICK-UP	YCARE	WALKER

NAME: _____ **TEACHER/GRADE:** _____ **DATE:** _____

Best phone number to reach you at 3:15 p.m., if questions about that day's transportation: _____

Office only: Teacher received copy_____