Please complete your child’s end of the day permanent transportation for the 2015-16 school year. Select the appropriate option(s) below and return for by June 8th. If your option changes in September, please notify the front office.

Family Last Name _________________________ In District ___ Open Enrollment ___

Student Name ____________________________ Grade Entering ____
Student Name ____________________________ Grade Entering ____
Student Name ____________________________ Grade Entering ____

SELECT APPROPRIATE OPTION(S) BELOW:

OPTION 1: BUS ____
Circle the day(s) of the week that you would like your child to ride the bus: M T W TH F

OPTION 2: CAR Pick-up Line ____
Circle the day(s) of the week that you will be picking yo by car: M T W TH F

Do you have Visor Tags? YES ____ NO ____ (Visor Tags will be handed out the first day of school in the car pick-up line.)

OPTION 3: In-School pick-up ____
Circle the day(s) of the week that you will be picking up in the Music Room: M T W TH F

OPTION 4: AFTER SCHOOL Program ____
Circle the day(s) of the week that you child will be attending the After School Program M T W TH F

Parent Signature __________________________  Date ________________