

**A.B. COMBS LEADERSHIP
MAGNET ELEMENTARY SCHOOL
TRANSPORTATION VERIFICATION
2017-2018**

STUDENT'S NAME	
TEACHER'S NAME	

PLEASE CHECK MORNING TRANSPORTATION

- My child will ride the school bus **to** school. Route & Stop: _____
 from home, or from _____ (Daycare Provider/Phone #)
- My child will be a walker 8:00-8:30 am. from home or _____ (Daycare Provider/Phone #)
- My child will be a car rider (Car riders should arrive at school between 8:00-8:30 am.) Please drop off at car pool **only**.
- My child will have transportation provided by a day care. List day care location below:
Day Care _____
Location _____

PLEASE CHECK AFTERNOON TRANSPORTATION

- My child will ride the school bus **from** school. Route & Stop: _____
to home or _____ (Daycare Provider /Phone #)
- We live within walking distance and my child will be a walker. (Walkers must leave campus at 3:00 pm.)
to home or my child will walk to his/her _____ (Daycare Provider/Phone #)
- My child will be a car rider. (Car riders must be picked up at 3:00 pm.). Our carpool # is: _____
- My child will have transportation provided by a day care. List day care and location below:
Day Care _____
Location _____

Parents Please Note: On days that your child's transportation will change, send a note to the teacher. Otherwise, your child will be sent home on his/her transportation mode listed above. **Do not leave voice mail messages after 2:30pm. Transportation changes will not be made after 2:30pm.**

Mother's Name		Day Time Phone Number	
Father's Name		Day Time Phone Number	
Emergency Contact		Day Time Phone Number	
Parent Signature		Home Phone Number	

Date	
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Please return this form to your child's teacher within 5 days