



A.B. COMBS LEADERSHIP MAGNET ELEMENTARY SCHOOL

TRANSPORTATION VERIFICATION

2019-2020

STUDENT'S NAME		Date:
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TEACHER'S NAME	
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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 carpool **only**.

My child will have transportation provided by a day care. List day care location below:

Day Care _____
 Location _____ Phone #: _____

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 (one mile) 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. (Carpoolers 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 _____ Phone #: _____

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	

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

