

Transportation Change Note

(Not for permanent changes – must complete New Transportation Form)

Dear _____
(Teacher's Name)

My child, _____, will go home by:
(First and Last Name)

Date of Transportation Change: _____
(Include day of the week Mon. Tues. Wed. Thurs. or Fri. and the Date, i.e., Friday November 7)

Bus
Bus # _____

Carpool
Carpool # _____

Daycare Van
Daycare Name _____

BPES After School Care (must
be registered)

Walker – Park Ave

Walker – Cloudland Ave

Other

Please clearly mark **one** of the boxes listed above and include appropriate number if applicable.

Parent's Name (printed) _____

Parent's Signature _____

Telephone Number _____

