

# Kindergarten Transportation

Please fill out and return to school tomorrow

Child's Name \_\_\_\_\_

We must ALWAYS have a note or phone call if a child's routine is different. Please check to indicate how your child will typically go home.



GOING HOME:

\_\_\_\_\_ PICK UP (by: \_\_\_\_\_)  
List those who pick-up regularly i.e.: grandma, mom, dad, etc.

\_\_\_\_\_ BUS # \_\_\_\_\_

\_\_\_\_\_ LATCHKEY

Please note that unless we hear from you, we will follow the child's usual routine as you indicate on this form.

To insure that the message is received in a timely manner, please call the office or send a note.

Please DO NOT use email as a means to communicate this information.