

Transportation Election Form

For the 20__-20__ school year, I, the parent/guardian elect the following transportation schedule for my child(ren) for the entire school year (check boxes in chart below):

Day/Time	Private Car	Bus #	Walk (J.C. Elementary Only) – written note from parent on file in office
Monday A.M			
Monday P.M			
Tuesday A.M			
Tuesday P.M			
Wednesday A.M.			
Wednesday P.M.			
Thursday A.M.			
Thursday P.M.			
Friday A.M.			
Friday P.M.			

Student _____ Grade _____

Student _____ Grade _____

Student _____ Grade _____

Student _____ Grade _____

I understand that this election form will remain in effect for the entire school year, unless I deliver to the building principal a revocation in writing. I further understand that in emergency situations where 24 hours written notice is not possible, only an individual authorized per the designation on the above-named child(ren) will be permitted to sign-out and transport this child.

Parent/Guardian Signature _____

Date _____