

## Temporary Transportation Change

Student Name

Grade

Teacher

_____	_____	_____
_____	_____	_____
_____	_____	_____

List all days to be changed for the week - *request cannot be for more than 1 calendar week*

Day and Date \_\_\_\_\_ Day and Date \_\_\_\_\_

Day and Date \_\_\_\_\_ Day and Date \_\_\_\_\_

\_\_\_\_\_ be a car rider - Car Rider # \_\_\_\_\_

\_\_\_\_\_ be a bus rider home address - \_\_\_\_\_

\_\_\_\_\_ be riding the bus with a friend, \_\_\_\_\_

\_\_\_\_\_ be riding in the car with a friend, \_\_\_\_\_, Car Rider # \_\_\_\_\_

\_\_\_\_\_ coming home with me, meet me in \_\_\_\_\_ classroom

\_\_\_\_\_ be a walker

Signature of Parent/Guardian \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

If permanent transportation needs to be changed for more than one week, please contact Megan.Wilson@gcpsk12.org or download the Transportation Authorization form found on the Craig the Craig website to fill out and return to the school.