

# TEMPORARY TRANSPORTATION CHANGE

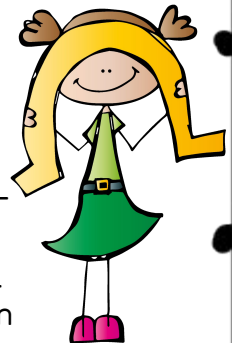
Student Name	Grade	Teacher

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

Day	Date

Fill out the change below.

- \_\_\_\_\_ be a car rider- Car Rider # \_\_\_\_\_
- \_\_\_\_\_ be a bus rider- home address \_\_\_\_\_
- \_\_\_\_\_ be riding the daycare bus \_\_\_\_\_
- \_\_\_\_\_ be riding in the car with a friend- \_\_\_\_\_ Car # \_\_\_\_\_
- \_\_\_\_\_ 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 [kimberly.ordaz@gcpsk12.org](mailto:kimberly.ordaz@gcpsk12.org) or download the Transportation Authorization form found on the Craig Website to fill out and return to school.

