


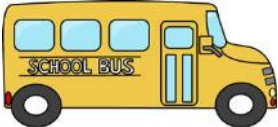



Simonton ES Afternoon Transportation Form

This form will establish my child's afternoon transportation arrangements for the school year. I understand that any changes to this plan must be made in writing. An Afternoon Transportation Change Form is available through the school's front office or website, www.gcpsk12.org/SimontonES. **(Please Print Clearly)**

Student Name _____ Teacher _____ Grade _____

Parent Signature _____ Date _____ Transportation change start date _____

Be sure to place a  to indicate a plan for EVERY day of the week.

Student Home Address _____		MON	TUE	WED	THU	FRI
	Bus # _____ to the following bus stop: _____					
	Bus # _____ to the following bus stop _____					
	Name of after-school daycare provider: _____					
	Car Rider # _____ *Mark the days your child will be a car rider. Car Rider # will be assigned by the school.					
	Walker <i>(Must be picked up by an authorized adult from the Media center at dismissal time)</i>					