Afternoon Transportation Form 2020-2021

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, baggettes.org

Student Name ___________________________ Teacher _______________________ Grade ______

Parent Signature __________________________________ Date __________

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

<table>
<thead>
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<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
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</thead>
<tbody>
<tr>
<td>Bus #___________ to home address.</td>
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<tr>
<td>Bus #___________ to the following address:</td>
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<td>Name of after-school daycare provider:</td>
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<td>Car Rider # ______</td>
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<tr>
<td>Walker</td>
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</tbody>
</table>

(Must be picked up by an authorized adult from the Media Center at dismissal time)
Baggett Student Information Sheet

Grade Level _____  
Student’s Name____________________  
Address ___________________________  
Parent/Guardian Name ____________________ Relationship__________

Teacher’s Name ________________  
Birth Date: ________________  
City ___________________________  
Zip ____________________________

Cell Number ________________________________  
Email Address ________________________________  
Work Number ________________________________  
Home Number ________________________________

Parent/Guardian Name ____________________ Relationship__________

Cell Number ________________________________

Email Address ________________________________  
Work Number ________________________________  
Home Number ________________________________

Emergency Contact Name ____________________ Relationship__________

Emergency Contact Name ____________________ Relationship__________

Cell Number ________________________________

Work Number ________________________________  
Home Number ________________________________

Does your child have any allergies or medical conditions we should know about?

Will your child regularly take medication at school? ________________

Asthma Seizure Disorder _____ Diabetes Heart condition

EPI Pen?  Inhaler at school?

Does your child have any food allergies or food restrictions? Please explain: