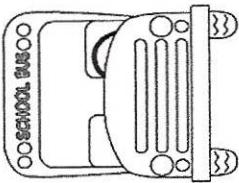


TRANSPORTATION Information



Student Name: _____ Date: _____

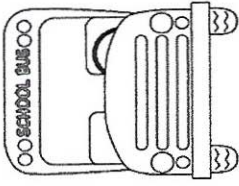
CHANGE OF TRANSPORTATION:

Please **circle** how your child will be going home in order to indicate the desired change of transportation. The change of transportation will only be applied to the days that are circled; otherwise, your child will follow their normal transportation plan. Please also make sure your child is aware of the changes.

	Bus Rider: 1st Load 2nd Load	car rider	ASD	early pick-up
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

JUST a NOTf...

TRANSPORTATION Information



Student Name: _____ Date: _____

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