

WARNER ELEMENTARY
Attendance & Transportation Change Form

DATE: _____

Student Name(s): _____

Student Homeroom: _____

Teacher(s): _____

Student Grade(s): _____

Parent Name: _____

Parent Contact #: _____

ATTENDANCE CHANGE

MY CHILD WILL BE PICKED UP AT: _____
(MUST BE PRIOR TO 3:30)

MY CHILD IS RETURNING TO SCHOOL AFTER AN
ABSENCE.

Date(s) of Absence: _____

AFTERNOON TRANSPORTATION CHANGE

In order to best assist you, please complete ALL information.

Temporary

Permanent

MY STUDENT IS CHANGING TRANSPORTATION TO:

CAR RIDER #: _____

WALKER

*If you don't have a car rider number, please place a sign with the name
of your student(s) in the car window.*

DAYCARE NAME OF DAYCARE: _____

BUS RIDER BUS NUMBER: _____

Home Address: _____

Subdivision: _____

Parent Signature: _____

**Transportation changes are ONLY accepted in writing or via fax with a copy of
the parent/guardian driver's license. Phone and email requests will not be
accommodated. Warner's fax number: 281-213-1651**

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