

MEECE MIDDLE SCHOOL TRANSPORTATION 2016-17

PLEASE PRINT

STUDENT'S NAME _____ GRADE _____

PARENT'S NAME _____

PHONE: HOME _____ CELL _____ WORK _____

ADDRESS: _____

MORNING TRANSPORTATION

_____ RIDE BUS	<u>Please circle days student rides bus</u>	M	T	W	TH	F
_____ CAR RIDER	<u>Please circle days student is a car rider</u>	M	T	W	TH	F
_____ WALKS TO SCHOOL	<u>Please circle days student walks</u>	M	T	W	TH	F

AFTERNOON TRANSPORTATION

_____ RIDE BUS	<u>Please circle days student rides bus</u>	M	T	W	TH	F
_____ CAR RIDER	<u>Please circle days student is a car rider</u>	M	T	W	TH	F
_____ WALKS TO SCHOOL	<u>Please circle days student walks</u>	M	T	W	TH	F
_____ MS. VICKI AFTER SCHOOL CARE	<u>Please circle days student goes to Ms.Vicki-</u>	M	T	W	TH	F

Parent/Guardian authorization is required for ANY change in dismissal. **All changes must be in the form of a written note or your child will be dismissed as indicated above.**

YES _____ MY CHILD HAS PERMISSION TO WALK HOME FROM MEECE MIDDLE SCHOOL TO THE ABOVE ADDRESS.

NO _____ MY CHILD DOES NOT HAVE PERMISSION TO WALK HOME FROM MEECE MIDDLE SCHOOL.

PARENT'S SIGNATURE: _____ DATE _____

OFFICE USE ONLY:

_____ NT: Not transported	_____ T5: Special Transportation (must have IEP on file)
_____ T1: Twice daily>mile	
_____ T2: Twice daily<mile	AM BUS # _____ PM BUS # _____
_____ T3: Once daily>mile	
_____ T4: Once daily<mile	

ENTERED IN IC BY: _____ DATE: _____