

Dr. James Craik Elementary School
Transportation Verification Form

In an effort to get your child home safely each day it is important for us to know how he/she travels to school. Please complete the form below and return it to school tomorrow.

Child's Name: _____ Grade:___ Teacher: _____

Parent's Name:_____ Cell Phone #:_____

Home Phone #: _____ Work Phone #:_____

Parent's Address: _____

Where does your child go after school (choose one only)?

- My child rides a bus. The bus number is _____.
- My child is a car rider. I understand I will need to fill out the additional car rider information form and follow car rider procedures.
- My child is picked up daily by a daycare van.

Name of Daycare: _____

Address: _____

Phone #: _____

Contact Name/Director: _____

Email Address: _____ Parent Signature: _____

Note:

-Your child should use the same transportation to and from school daily.

-If there is a change in your child's after school arrangements, please notify us in writing.

Return to your child's teacher on Meet and Greet, August 30, 2017.