

2022-2023 YEARLY TRANSPORTATION FORM

| Today's Date: | | |
|--------------------------|-----------------------------------|---------------------------------|
| Student Name: | | |
| | (please print) | |
| Grade: | Homeroom Teacher: | |
| A. Family members or b | abysitters who may pick up during | the school year: |
| B. CARPOOL: My child | rides with the | famil |
| On | | (indicate what days of the week |
| C. BUS: My child will ri | de the Shuttle: (please check) | |
| Every day | mornings afternoons _ | |
| Only on | | (days) |
| Occas | ionally | |
| D. EXTENDED DAY AFT | ER SCHOOL: (please check) | |
| Everyday | | |
| Some days (please indica | ite) | |

PLEASE COMPLETE AND RETURN TO SCHOOL BY FRIDAY, AUGUST 26, 2022.