

Clearview Elementary School

Transportation Change/Early Dismissal Request Form

Date of Change: _____

Student's Name: _____

Teacher: _____

I authorize this transportation/dismissal change for my child today:

(Parent or Guardian Signature)

1) PLEASE CIRCLE CHILD'S USUAL FORM OF DISMISSAL:

BUS # _____ WALK/BIKE KISS & RIDE MEET PARENT OUT FRONT SACC BAR-T

2) PLEASE CIRCLE TODAY'S TRANSPORTATION CHANGE:

BUS # _____ WALK/BIKE KISS & RIDE MEET PARENT OUT FRONT

3) **EARLY DISMISSAL (WRITE PICK-UP TIME):** _____

OR, AFTER SCHOOL ACTIVITY: _____

OR

BRINGING HOME FRIEND(S)—ALL STUDENTS MUST HAVE MATCHING FORMS FROM PARENTS

1. _____
NAME OF STUDENT YOUR CHILD IS BRINGING HOME TEACHER

2. _____
NAME OF STUDENT YOUR CHILD IS BRINGING HOME TEACHER

3. _____
NAME OF STUDENT YOUR CHILD IS BRINGING HOME TEACHER

CIRCLE TODAY'S MODE OF TRANSPORTATION:

BUS # _____ WALK/BIKE KISS & RIDE MEET PARENT OUT FRONT

OR

GOING TO A FRIEND'S HOUSE (PENDING MATCHING FORM FROM OTHER PARENT)

NAME OF STUDENT YOUR CHILD IS GOING HOME WITH TEACHER

CIRCLE TODAY'S MODE OF TRANSPORTATION:

BUS # _____ WALK/BIKE KISS & RIDE MEET PARENT OUT FRONT

FOR SCHOOL USE ONLY:

TEACHERS: Location of student at time of early dismissal : _____

OFFICE: Approved

Pending Matching Note

Declined/Cancelled