

**KAEICHELE ELEMENTARY SCHOOL**

Afternoon Transportation Form

2017/2018

Please complete this form and return to school to indicate your child's afternoon transportation. Forms may be sent to school to change transportation or you can fax a signed note to 804-364-8085. Please call the office at 804-364-8080 to verify receipt. **NO CHANGES TO TRANSPORTATION CAN BE TAKEN OVER THE PHONE OR BY EMAIL DUE TO A SIGNATURE BEING REQUIRED.**

Student's First and Last Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE CHECK ONE**

I would like to request my child's afternoon transportation be for:

\_\_\_\_\_ Today Only

\_\_\_\_\_ The following dates: \_\_\_\_\_ (must be consecutive)

\_\_\_\_\_ The remainder of the school year. Effective date: \_\_\_\_\_

\_\_\_\_\_ All School Year

**CHANGE TO BE MADE**

Early Dismissal: Adult picking up my child: \_\_\_\_\_

Time: \_\_\_\_\_ a.m./p.m. (Picture ID will be required/Must be 18 years of age or older)

Returning to School: Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*EARLY DISMISSALS AFTER 1:55 CAN ONLY BE GRANTED WITH THE PRINCIPAL'S APPROVAL\*\***

Car Rider: Picked up by: \_\_\_\_\_

(Blue Pickup Form should be visible in vehicle)

**\*\*Buses cannot be used as a means of transportation for play dates\*\***

Bus Rider: Bus stop location \_\_\_\_\_

Bus Number/Color: \_\_\_\_\_

Daycare: Daycare name \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

RELEVANT NOTES:

OFFICE USE ONLY—AUTHORIZED INITIALS: \_\_\_\_\_