## TRANSPORTATION INFORMATION FORM 2020-2021

Dear Parents and Guardians of G-A Students:

In order to make sure all our students are safely transported to and from school, we ask that you let us know the daily pick-up and drop-off needs for your child. Once the regular pick-up and drop-off points have been determined, <u>exceptions will only be made if a note from the parent or guardian is sent to school, APPROVED AT THE OFFICE</u>, and given to the teacher and bus driver on that day. Please return completed form to GA School office at least 3 days before starting this plan.

Thank you for helping us make sure all our children have pleasant, safe travels to and from school.

Transportation Director

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ PARENT/GUARDIAN'S NAME: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_ Home Phone: Work or cell Phone: Please check your child's daily routine: Bus picks up at home Bus picks up other than home Bus drops off at home Bus drops off other than home Child walk to school Parent takes child to school Parent picks up from school Child walks home from school G-A Learning Center before school G-A Learning Center after school (Office Use Only) Bus Color (a.m.) \_\_\_\_\_\_ (p.m.) \_\_\_\_\_ AM BUS PICK UP LOCATION OTHER THAN HOME: Address: \_\_\_\_\_\_ Phone: \_\_\_\_\_\_ Name of responsible person at above address: \_\_\_\_\_ PM BUS DROP OFF LOCATION OTHER THAN HOME: Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Name of Responsible Person at Above Address: \_\_\_\_\_\_ OTHER:

I authorize the above plan for transporting my child to and from school each day. I understand that the school and transportation department will follow this plan for the school year **UNLESS I COMPLETE A NEW TRANSPORTATION FORM AND GIVE THREE DAYS NOTICE BEFORE A NEW TRANSPORTATION PLAN CAN START.** 

Parent/Guardian Signature

Date

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