Showell Elementary School

TRANSPORTATION CHANGE FORM

Thank you for completing a Transportation Change Form **each time** there is a change in your child’s transportation from school. **Phone calls will only be accepted in cases of emergency.**

Student’s Name: ____________________________________________________________
(first Name) (last name)

Teacher: __________________________________________________________________
________________________________________________________________________

Date: _____________________________________________________________________

Change in transportation (check one):

______ Student will be picked up at ________ for ______________________________
(time) (reason)

by: _______________________________________________________________
(responsible adult)

______ Student will return to school.

______ Student will not return to school.

______ Student will be picked up by _________________________________ at the regular dismissal time.
(responsible adult)

______ Student will ride bus# ______ to be dropped off at this location: ____________________________

** All responsible adults picking a student up from school **MUST** have proper identification (drivers license) **

** NO student will be released without proper identification **

Parent/Guardian Name: ____________________________________________________________

Parent/Guardian Signature: __________________________________________________________

Phone number where you can be reached if the school has a question: ____________________________

** Note: You may send transportation form to school with your child, drop by office personally, or fax to 410-632-5359 by 2:30 PM **

For Office Use Only:  [ ] early dismissal  [ ] pick-up  [ ] bus change