

**A.B. COMBS LEADERSHIP
MAGNET ELEMENTARY SCHOOL
TRANSPORTATION VERIFICATION
2008-2009**

| | |
|-----------------------|--|
| CHILD'S NAME | |
| TEACHER'S NAME | |

PLEASE CHECK MORNING TRANSPORTATION

- My child will ride the school bus to school. Route # _____ Color Code _____
 from home, or from _____ (Daycare Provider/Phone #)
- My child will be a walker 8:00-8:30 am. from home or _____ (Daycare Provider/Phone #)
- My child will be a car rider (Car riders should arrive at school between 8:00-8:30 am.)
Please drop off at car pool only.
- My child will have transportation provided by a day care. List day care location
below:
Day Care _____
Location _____

PLEASE CHECK AFTERNOON TRANSPORTATION

- My child will ride the school bus from school. Route # _____ Color Code _____
to home or _____ (Daycare Provider /Phone #)
- My child will be a walker. (Walkers are to leave campus at 3:00 pm.)
to home or _____ (Daycare Provider/Phone #)
- My child will be a car rider. (Car riders should be picked up at 3:00 pm.). Our carpool # is: _____
- My child will have transportation provided by a day care. List day care and location below:
Day Care _____
Location _____

Parents Please Note: On days that your child's transportation will change, send a note to the teacher. Otherwise, your child will be sent home on his/her transportation mode listed above. Do not leave voice mail messages after 2:30pm. Transportation changes will not be made after 2:30pm.

| | | | |
|-------------------|--|-----------------------|--|
| Mother's Name | | Day Time Phone Number | |
| Father's Name | | Day Time Phone Number | |
| Emergency Contact | | Day Time Phone Number | |
| Parent Signature | | Home Phone Number | |

| | |
|------|--|
| Date | |
|------|--|

Please return this form to your child's teacher within 5 days