Your After School Plan

Student's Name:	Grade:
Effective Date:	
What is the usual way that your child will the back of this form please fill out wh after school e	at will be happening with your child
 Please make note that if your child is signed a schedule, they will ride bus 4 to the Youth Cla If there are any changes made to this plan, a this plan. If there is a permanent change, please complete 	ub unless a note is sent to indicate a change. note must be sent to school or we will follow
lease list the people who are authorized these people must also be listed in the off lternate person will be picking your stude	fice. Please send a note if an
	_ Phone #
	Phone #
	_ Phone #
•	_ Phone #
© SCHOOL BUS	

If you need to call the school to make a last minute change of your regular plan, please call the office by 2:00 pm to ensure communication with your teacher.

M	Bus #/Destination Address:		
n d	Adult Present:		
y	Picked up by:	or	Walking Home
Tue	Bus #/Destination Address:		
s	Adult Present:		
a y	Picked up by:	or	Walking Home
w	Bus #/Destination Address:		
d	Adult Present:		
day	Picked up by:	or	Walking Home
T	Bus #/Destination Address:		
	Adult Present:		
dia	Picked up by:	or	Walking Home
Fr	Bus #/Destination Address:		
d	Adult Present:		
a y	Picked up by:	or	Walking Home