



## Continental Colony Elementary School Change of Transportation Form

We want to ensure that your child goes home the correct way each day. In the event your child's transportation needs to change, ALL information MUST be sent, in writing, to your child's teacher before 10 am that day. For your convenience, please use this form below. Otherwise, no changes will be made over the telephone, email or through CLASSDojo.

Date \_\_\_\_\_

Teacher \_\_\_\_\_

Student's Name \_\_\_\_\_

Please check the change of transportation and how long.

My child will ride bus # _____	
My child will go home as a car rider.	
My child will stay in the After School Program ____, Yes, I've contacted the Coordinator.	
My child will ride a van. The van name is _____	

Check the length of the change.

TODAY ONLY _____				
Monday	Tuesday	Wednesday	Thursday	Friday

FROM _____ to _____				
Monday	Tuesday	Wednesday	Thursday	Friday