

STUDENT TRANSPORTATION PLAN 2019-2020

Class _____

STUDENT _____

(last name)

(first name)

MORNING TRANSPORTATION PLAN:

Circle Days of Week

MCS Bus
 #551 from: Hwy 17 & Bees Ferry M T W Th F
 #614 from: EarthFare M T W Th F
 #627 from: Best Buy (Wallenburg Rd @ Wedgefield). M T W Th F
 Springfield Bus # _____ from: _____ . . . M T W Th F
 Car Rider M T W Th F

AFTERNOON TRANSPORTATION PLAN:

Circle Days of Week

MCS Bus
 #551 to: Hwy 17 & Bees Ferry M T W Th F
 #614 to: EarthFare M T W Th F
 #627 to: Best Buy (Wallenburg Rd @ Wedgefield Rd)..... M T W Th F
 Springfield Bus # _____ from: _____ . . . M T W Th F
 Springfield After School Program (Kaleidoscope) M T W Th F
 Walker to Springfield M T W Th F
 Car Rider M T W Th F

***PERSONS (Including parents/guardians) WHO WILL PICK MY CHILD UP FROM SCHOOL OR BUS STOP:**

Name _____ Phone Numbers _____
 Name _____ Phone Numbers _____
 Name _____ Phone Numbers _____
 Name _____ Phone Numbers _____
 Name _____ Phone Numbers _____

***IMPORTANT:** Only list persons to whom you are giving blanket permission to pick up your child with no further written note or verification from you to the school. It is your responsibility to get this form updated if you wish to remove or add persons to this list. If there is a change that involves anyone other than one of these persons picking up your child from school, you must provide a written note.

If you make any changes to your child's afternoon transportation plan, you must do so in writing. For obvious safety reasons, we will not change your child's transportation plan without a written note. Phone calls to change afternoon transportation plans should be limited to emergency situations only.

Parent/Guardian Signature: _____ **Date:** _____