Geneseo Elementary School

Single Day Request for Transportation Change



VALID ONE DAY ONLY → Please submit on day of change

id s First and Last Name: _		Circle Day of the week:
ent Signature:		M T W Th F
Child will be	picked up by:	at
	(ID require	d) (Time)
Phone Numbe	r of Person Picking up Child:	
Reason for <u>ea</u>	rly dismissal:	
Students leavi	ng during the school day can be _l	picked up in the Elementary School Office
Regular dismiss:	al begins at 2:30. Parent pick up is	ocated in the garden entrance hallway.
■ Early dismissal o	days dismiss at 11:15. Parent pick υ	p is located in the garden entrance hallway.
Emergency	Bus Change ⇒ Child will be g	oing to:
		J
Is staving af	ter school for:	
		lame of Activity/Club)
*Students beir	ng picked up from after school activ	ties will be dismissed by advisor in
	location of activity at	3:30.
	Office Copy	
	Teacher Copy	
ar		Date:
(Teacher Name)	
tudent in your class h	as a transportation change.	
ıdent's Name:		Time:
5 5 1	Bus Change	Staying After School
Early Pick-Up	· ·	, 0