



**Elementary Student K-5th
ARRIVAL & DEPARTURE INFORMATION**

It is very important that we know how each child will be arriving and departing the school each day. *Please check the appropriate boxes and return this form PRIOR to, or ON the 1st day of school.* We will follow this procedure unless informed of a change in writing or by your notification to the school office. **Verbal notice from student WILL NOT BE FOLLOWED.** Thank you!

STUDENT'S NAME _____ **TOWNSHIP** _____

TEACHER _____ **GRADE** _____ **PARENT SIGNATURE** _____

	<input checked="" type="checkbox"/> MONDAY	<input checked="" type="checkbox"/> TUESDAY	<input checked="" type="checkbox"/> WEDNESDAY	<input checked="" type="checkbox"/> THURSDAY	<input checked="" type="checkbox"/> FRIDAY
ARRIVE	<input type="checkbox"/> Before Care	<input type="checkbox"/> Before Care	<input type="checkbox"/> Before Care	<input type="checkbox"/> Before Care	<input type="checkbox"/> Before Care
	<input type="checkbox"/> Car Line	<input type="checkbox"/> Car Line	<input type="checkbox"/> Car Line	<input type="checkbox"/> Car Line	<input type="checkbox"/> Car Line
	<input type="checkbox"/> Bus No. _____	<input type="checkbox"/> Bus No. _____	<input type="checkbox"/> Bus No. _____	<input type="checkbox"/> Bus No. _____	<input type="checkbox"/> Bus No. _____
DEPART	<input type="checkbox"/> After Care	<input type="checkbox"/> After Care	<input type="checkbox"/> After Care	<input type="checkbox"/> After Care	<input type="checkbox"/> After Care
	<input type="checkbox"/> Car Line	<input type="checkbox"/> Car Line	<input type="checkbox"/> Car Line	<input type="checkbox"/> Car Line	<input type="checkbox"/> Car Line
	<input type="checkbox"/> Bus No. _____	<input type="checkbox"/> Bus No. _____	<input type="checkbox"/> Bus No. _____	<input type="checkbox"/> Bus No. _____	<input type="checkbox"/> Bus No. _____

Note: Bus is for Lakewood only.