

 Crivitz Elementary Go-Home Plan CHANGE

Child's first & last Name:	
Teacher's name:	
Date change is to take place:	

- ride school bus # (circle):** 1 2 3 4 5 6 7 8 9 **HOME or with/to:** _____
- pick up after school by:** _____
- pick up early (time):** _____ **by:** _____
for: **doctor** **dentist** **ortho** **out of town** **appt** **other:** _____
 will return to school **will NOT return to school**
- stay after school to participate in:** _____
- walk home**
- CYI bus**

GO-HOME PLAN CHANGES MUST BE ARRANGED BEFORE SCHOOL WITH A DATED WRITTEN NOTE, EXCEPT IN EMERGENCIES. DO NOT CALL OR EMAIL AFTER SCHOOL GO HOME CHANGES.

Parent Signature: _____

Date Signed: _____

Transportation office use only

<input type="checkbox"/> Teacher initials/notified	<input type="checkbox"/> Route sheet updated	> Office: _____
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