

Crivitz Elementary Go-Home Plan for 4K to 4th grade

Child's first & last name:	
Teacher's name:	
Effective date:	



Please indicate your child's go-home plan for each day of a typical school week.

*******PICK ONLY ONE OPTION PER DAY.*******

When after school activities begin, please complete a new Go-Home Plan so staff can make the appropriate changes to your student's Go-Home plan.

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.

MON	<input type="checkbox"/> Pick up by who: _____ <input type="checkbox"/> Please Circle <u>Bus #</u> : 1 2 3 4 5 6 7 8 9 Destination Student Name/Address: _____ <input type="checkbox"/> <u>CYI Bus</u> <input type="checkbox"/> <u>Other (write in)</u> :
TUE	<input type="checkbox"/> Pick up by who: _____ <input type="checkbox"/> Please Circle <u>Bus #</u> : 1 2 3 4 5 6 7 8 9 Destination Student Name/Address: _____ <input type="checkbox"/> <u>CYI Bus</u> <input type="checkbox"/> <u>Other (write in)</u> :
WED	<input type="checkbox"/> Pick up by who: _____ <input type="checkbox"/> Please Circle <u>Bus #</u> : 1 2 3 4 5 6 7 8 9 Destination Student Name/Address: _____ <input type="checkbox"/> <u>CYI Bus</u> <input type="checkbox"/> <u>Other (write in)</u> :
THU	<input type="checkbox"/> Pick up by who: _____ <input type="checkbox"/> Please Circle <u>Bus #</u> : 1 2 3 4 5 6 7 8 9 Destination Student Name/Address: _____ <input type="checkbox"/> <u>CYI Bus</u> <input type="checkbox"/> <u>Other (write in)</u> :
FRI	<input type="checkbox"/> Pick up by who: _____ <input type="checkbox"/> Please Circle <u>Bus #</u> : 1 2 3 4 5 6 7 8 9 Destination Student Name/Address: _____ <input type="checkbox"/> <u>CYI Bus</u> <input type="checkbox"/> <u>Other (write in)</u> :

Parent Signature: _____

Date: _____

Transportation office use only:

- Skyward
 Go-Home Plan Google Sheet
 SBM
 Teacher notified
 ► Office Initials/Date