

ITES TRANSPORTATION CHANGE 2012-2013

STUDENT NAME: _____

DATE(s) affected by change _____

TEACHER: _____ GRADE: _____

Please write how your child normally goes home
(ie. Bus#, Car, Day-Care Van, ITES Afterschool)

CHANGE TO: Bus# _____ Car-rider _____
Other _____

GOING HOME WITH: _____

PARENT SIGNATURE: _____

Best Contact Number _____

School use only Teacher initials Date

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