



Gilham Transportation Information for Classroom Teacher

The following information is important for your child's safety and everybody's peace of mind. Please be sure we have this information **before leaving your child the first day of school**. Please update this information in writing whenever it changes. If there is ever confusion about where to send a child after school, we keep the student at school until you are contacted by phone. The following questions refer to **AFTER SCHOOL** plans only!

Child's Teacher: _____

Child's Name: _____

- | | | | | | |
|--|----------|-----------|----------|-----------|----------|
| <input type="checkbox"/> My child will walk home from school. | M | Tu | W | Th | F |
| <input type="checkbox"/> My child will bike home from school. | M | Tu | W | Th | F |
| <input type="checkbox"/> My child will ride a 4J school bus . | M | Tu | W | Th | F |

If so, which one? Please circle the bus route your child will ride..

60 61 62 63 67 68 Other: _____

___ This stop is our home location.

___ This stop is not our home location. Address: _____

Phone Number: _____

Contact Person: _____

Relation to Student: _____

- | | | | | | |
|--|----------|-----------|----------|-----------|----------|
| <input type="checkbox"/> My child will ride a private daycare van or onsite care. | M | Tu | W | Th | F |
|--|----------|-----------|----------|-----------|----------|

If so, which one? _____ Phone Number: _____

- | | | | | | |
|--|----------|-----------|----------|-----------|----------|
| <input type="checkbox"/> My child will be picked up by private transportation . | M | Tu | W | Th | F |
|--|----------|-----------|----------|-----------|----------|

If so, by whom? _____ Relation to Student: _____

To further ensure the safety of your student, Gilham has a few guidelines for our parking lots. Please read them as they may be new to you. Then sign below indicating that you agree to help us follow these guidelines and will provide a written note, phone call to the office, or a new transportation information form if there are changes in your student's transportation schedule. Thank you for helping us keep your child safe!

Adult's Signature

Relation to Student

Date