

STUDENT TRANSPORTATION PLAN 2022-2023

Class _____

STUDENT _____
(last name)

_____ (first name)

MORNING TRANSPORTATION PLAN

___ MCS Bus

___ #650 Hwy 17 & Bees Ferry (bank)

___ #628 from: ___ Earth Fare Best Buy ___ Raoul Wallenberg@ Wedgefield Rd

___ Springfield Bus# _____ Stop: _____

___ Car Rider

M	T	W	Th	F

AFTERNOON TRANSPORTATION PLAN

___ MCS Bus

___ #650 to: ___ Hwy 17 & Bees Ferry (bank)

___ #628 to: ___ (Wallenburg@ Wedgefield) ___ Best Buy ___ Earth Fare

___ Springfield Bus# _____ Stop: _____

___ Kaleidoscope

___ Walker to Springfield

___ Car Rider

M	T	W	Th	F

***PERSONS (Including parents/guardians) WHO WILL PICK MY CHILD UP FROM SCHOOL OR BUS STOP:**

Name _____	Phone Numbers _____
Name _____	Phone Numbers _____
Name _____	Phone Numbers _____
Name _____	Phone Numbers _____
Name _____	Phone Numbers _____

***IMPORTANT:** Only list persons to whom you are giving blanket permission to pick up your child with no further written note or verification from you to the school. It is your responsibility to get this form updated if you wish to remove or add persons to this list. If there is a change that involves anyone other than one of these persons picking up your child from school, you must provide a written note.

If you make any changes to your child's afternoon transportation plan, you must do so in writing. For obvious safety reasons, we will not change your child's transportation plan without a written note. Phone calls to change afternoon transportation plans should be limited to emergency situations only.

Parent/Guardian Signature: _____ **Date:** _____