

P.S. 360Q HOW IS YOUR CHILD GOING HOME FORM?


(please print)


GRADE: _____

Child's First Name: _____


Child's Last Name: _____

**** For EACH DATE listed below, check the box with correct going home option. ****


<u>Parent Guardian</u>  Pick-up	Thurs 9/5	Fri 9/6	Mon 9/9	Tues 9/10	Wed 9/11	Thurs 9/12	Fri 9/13	Mon 9/16
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


<u>Yellow School Bus</u>  Preregistered students only	Thurs 9/5	Fri 9/6	Mon 9/9	Tues 9/10	Wed 9/11	Thurs 9/12	Fri 9/13	Mon 9/16
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bus Route # _____ Bus Stop _____

<u>Paid Private Van Service</u> 	Thurs 9/5	Fri 9/6	Mon 9/9	Tues 9/10	Wed 9/11	Thurs 9/12	Fri 9/13	Mon 9/16
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name/Cellphone # - Private Van Driver: _____

<u>Other Authorized Adult</u> 	Thurs 9/5	Fri 9/6	Mon 9/9	Tues 9/10	Wed 9/11	Thurs 9/12	Fri 9/13	Mon 9/16
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Legacy After School</u> 	Thurs 9/5	Fri 9/6	Mon 9/9	Tues 9/10	Wed 9/11	Thurs 9/12	Fri 9/13	Mon 9/16
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Authorized Adult: (please print)

Name: _____	Cell: _____	Relation: _____
Name: _____	Cell: _____	Relation: _____
Name: _____	Cell: _____	Relation: _____

Relation example: babysitter, grandparent, uncle, aunt, sibling (age 18/older), friend, etc.

***** By signing below, you acknowledge that all information is confirmed and accurate. *****

Parent/Guardian Signature: _____

Date: _____

Mother's Cell # _____

Father's Cell # _____