

Transportation Confirmation Form 2018-2019 School Year

Please return completed form to front desk by Friday, May 11.

	Student Name			Grade	
<u>2:</u>	<u>00 p.m.</u> each day	so that bus	ssal routine must be given lists are correct at dismiss ice@dayspringchristian.co	sal.	
School district in wh	nich you reside: _				
The primary mode of	transportation to a	nd from sch	nool for my child(ren) for the	e 2018-2019 school ye	
A.M. Public Scho	ool Bus (SCHOOL Rides on: Monda	DISTRICT ny Tuesda	y Wednesday Thursday (circle all that apply)	Friday)	
	1.D. /CCHOOL	DICTRICT		`	
P.M. Public Scho	Rides on: Monda		y Wednesday Thursday (circle all that apply)	Friday	
A.M. DCA Bus o	or Van: Please Circl Rides on: Monda		uthern End / Northern En y Wednesday Thursday (circle all that apply)		
P.M. DCA Bus o			uthern End / Northern En y Wednesday Thursday (circle all that apply)	1	
A.M. Car Pool	Monday	Tuesday	Wednesday Thursday F (circle all that apply)	riday	
P.M. Car Pool	Monday	Tuesday	Wednesday Thursday F (circle all that apply)	riday	
After School Pro	gram* Monday	Tuesday	Wednesday Thursday F	riday	
*All students attending Registration forms are a		•	ve a completed registration for Thank you	m on file.	
	s changes from last s been made from last	•			
MPORTANT - For ismissal, all students where the change in transport the bus. This will app	or bus students of the normally ride a bus cortation. If after solly even if your districtive signed up to reco	only. Pleas s home will be hool activitie et is dismissing eive notifica	e note: In the case of an une pe put on the bus unless we he are cancelled, those bus stude g early and Dayspring remains tions from your home districtions	ar from the parent nts will also be put in session. <i>Please</i>	
 Parent/Guardian Nar	me (please print)	Parer	nt/Guardian Signature	Date	