

Today's Date:		
Teacher	Student's Name	
Parent Signature		
<input type="checkbox"/>	Take Bus Home	
<input type="checkbox"/>	<input type="checkbox"/> Walk Home	<input type="checkbox"/> Bike Home
<input type="checkbox"/>	Take Bus # _____ to/with _____	
<input type="checkbox"/>	ASCC (After School Child Care)	
<input type="checkbox"/>	Will Be Picked Up By <input type="checkbox"/> Parent or <input type="checkbox"/> by _____	
<input type="checkbox"/>	Other:	

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