

**Transportation/Emergency Form - East Elementary
Tillamook School District #9
(All information is strictly confidential)**

YEAR _____

Student's Name:		
Circle Grade: 4 5 6		Teacher:
	Home Street Address:	Home Phone:
	Mother/Guardians Name:	Father/Guardians Name:
	Mother's Cell:	Father's Cell:
	Mother/Guardians Work Phone:	Father/Guardians Work Phone:

Regular Transportation Schedule			
Monday	<input type="checkbox"/> Pick Up <input type="checkbox"/> Walk <input type="checkbox"/> Bus Rt # _____	Name & Address	Phone #
Tuesday	<input type="checkbox"/> Pick Up <input type="checkbox"/> Walk <input type="checkbox"/> Bus Rt # _____	Name & Address	Phone #
Wednesday	<input type="checkbox"/> Pick Up <input type="checkbox"/> Walk <input type="checkbox"/> Bus Rt # _____	Name & Address	Phone #
Thursday	<input type="checkbox"/> Pick Up <input type="checkbox"/> Walk <input type="checkbox"/> Bus Rt # _____	Name & Address	Phone #
Friday	<input type="checkbox"/> Pick Up <input type="checkbox"/> Walk <input type="checkbox"/> Bus Rt # _____	Name & Address	Phone #

EMERGENCY RELEASE			
If school releases early or there is a school closure, my child should follow the plan below: **PLEASE CHOOSE ONLY ONE OPTION BELOW **			
Emergency or Early Release	<input type="checkbox"/> Pick Up <input type="checkbox"/> Walk <input type="checkbox"/> Bus Rt # _____	Name & Address	Phone #

Parent/Guardian's Signature _____

Date _____