



Lake Forest School District 67 Temporary Transportation Change

Student Name _____

Today's Date _____

Homeroom Teacher _____

School _____

PLEASE CHECK ONE:

My child will be going home with: _____
Student Name
on Bus _____ Getting off at _____ on _____
Stop Location Date

My child is being picked up after school by: _____
Name of Responsible Person

My child is walking to: _____

My child has an after school activity (please list): _____
After the activity, my child will go home with: _____

I will be picking my child up early on: _____ at _____
Date Time

Explanation _____

Parent Signature: _____

Phone Number: _____

(Please list the number where you can be reached on the date of the change request)

Office Approval _____