



Bus Plan

Week Of _____ Teacher _____

My child _____ will :

Student Name

Ride the Bus to _____ Bus # _____ Daycare each
Name of Daycare – Street Address
day or circle the day of the week **M T W Th F**

Ride the Bus Home to _____ Bus # _____ each day
Street Address
or circle the day of the week **M T W Th F.**

Be Picked up by _____ in the school cafeteria daily or
Name of authorized adult
circle the day of the week **M T W Th F.**

If this information should change, I will fill out a new Bus Plan with the changes and submit it to the Manchester Elementary School Office.

Signed _____ Date _____
Parent/Guardian Signature



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