

RETURN Tuesday, June 14, 2011

2011 Summer School Transportation Plan

J.P. McConnell Middle School

Student Name (print) _____

Home Phone: _____

Parent/Mom Cell Phone: _____ Mom Work Phone: _____

Parent/Dad Cell Phone: _____ Dad Work Phone: _____

The following person(s) may pick up my child from Summer School. I understand that I will communicate any change in the transportation plan in writing or by a call to the school. I also understand that the school cannot accept verbal change of transportation plans from my child. I or someone from the list of designated person below will pick my child up each day at either 10:45 am or 2:30 pm.

*List **any person** allowed to pick up your child (include yourself). Please print.*

Name	Relation to Student	Phone Number

I give my child permission to walk home if needed.

I have received the Parent Information Handbook. I understand the policies and procedures for J.P. McConnell Middle School Summer School.

Parent Name (print): _____

Parent Signature: _____

Student Signature: _____

SEE REVERSE SIDE