



St. Margaret Mary School

CHANGE OF TRANSPORTATION

Date _____ Bus # _____

Student Name (**first and last**)

Grade _____ (please use full grade: 4-1, 5-1, etc.)

Today's Transportation Change:

_____ Car rider – will be picked up by;

_____ Bus # - must be same school district

_____ After school program _____ Band Practice

_____ Basketball _____ Cheerleading

_____ Detention _____ Scouts

_____ Play Practice _____ Quiz Bowl

_____ Other _____

Parent Signature _____

*Students not picked-up within 15 minutes of the activity ending time will proceed to A-STEP (for a fee).



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