

Please cut out and attach this ticket to your child's shirt or backpack for the first five days of school. This is helpful for the teachers at dismissal time.

FIRST DAY

**Lowry Elementary School Information Ticket**  
Parents: Please cut out this ticket and attach to your child's clothing or backpack the first 5 days of school.

Student Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: HM \_\_\_\_\_ WK \_\_\_\_\_

Bus # \_\_\_\_\_ Bus Stop# \_\_\_\_\_

Stop Location: \_\_\_\_\_

Day Care Name: \_\_\_\_\_

Walk Home: \_\_\_\_\_ Car Home: \_\_\_\_\_  
(Please check one of the above)

SECOND DAY

**Lowry Elementary School Information Ticket**  
Parents: Please cut out this ticket and attach to your child's clothing or backpack the first 5 days of school.

Student Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: HM \_\_\_\_\_ WK \_\_\_\_\_

Bus # \_\_\_\_\_ Bus Stop# \_\_\_\_\_

Stop Location: \_\_\_\_\_

Day Care Name: \_\_\_\_\_

Walk Home: \_\_\_\_\_ Car Home: \_\_\_\_\_  
(Please check one of the above)

THIRD DAY

**Lowry Elementary School Information Ticket**  
Parents: Please cut out this ticket and attach to your child's clothing or backpack the first 5 days of school.

Student Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: HM \_\_\_\_\_ WK \_\_\_\_\_

Bus # \_\_\_\_\_ Bus Stop# \_\_\_\_\_

Stop Location: \_\_\_\_\_

Day Care Name: \_\_\_\_\_

Walk Home: \_\_\_\_\_ Car Home: \_\_\_\_\_  
(Please check one of the above)

FOURTH DAY

**Lowry Elementary School Information Ticket**  
Parents: Please cut out this ticket and attach to your child's clothing or backpack the first 5 days of school.

Student Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: HM \_\_\_\_\_ WK \_\_\_\_\_

Bus # \_\_\_\_\_ Bus Stop# \_\_\_\_\_

Stop Location: \_\_\_\_\_

Day Care Name: \_\_\_\_\_

Walk Home: \_\_\_\_\_ Car Home: \_\_\_\_\_  
(Please check one of the above)

FIFTH DAY

**Lowry Elementary School Information Ticket**  
Parents: Please cut out this ticket and attach to your child's clothing or backpack the first 5 days of school.

Student Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: HM \_\_\_\_\_ WK \_\_\_\_\_

Bus # \_\_\_\_\_ Bus Stop# \_\_\_\_\_

Stop Location: \_\_\_\_\_

Day Care Name: \_\_\_\_\_

Walk Home: \_\_\_\_\_ Car Home: \_\_\_\_\_  
(Please check one of the above)