Please attach the name tag to your child and indicate how he/she will be going home for the **first week of school.**

Colson Elementary

Student's Name: _____ Grade: _____

Address:_____

Phone: _____ Work Number:

_____

The way my child will go <u>home</u> is: (Circle one)

1. **Bus rider- Color _____   Stop _____**

2. **Day Care Pick-up (name of daycare) _____**

3. **H.O.S.T. Program (located at Colson)**

4. **Car Rider**

5. **Walker**

6. **Other _____**

Emergency Contacts for today: _____

Things the teacher needs to be alerted to: _____

_____

Please detach and return to your child's teacher.

Child's Name _____   Teacher _____

For the **remainder of the school year**, my child will be going home by: (circle one)

1. Bus Rider- Bus # _____   Stop _____
2. Day Care Pick-up (name of daycare) _____
3. H.O.S.T. Program (located at Colson)
4. Car Rider
5. Walker
6. Other _____

**Each time there is a change in the way your child goes home, a note <u>MUST</u> be sent to the teacher. If a note is <u>NOT</u> received, your child will go home the way indicated above. The school will <u>not</u> take verbal requests to change your child's way home.