

## COMINGS and GOINGS

Dear Parents,

Please complete and return it to St. Rita School ***BEFORE*** school begins. You also need to submit an updated form if you have changes in your child/ren's transportation to and from school.

Family Name

Student

Grade and Teacher


### **BEFORE SCHOOL**

Please give the address and phone number of the location where your child/ren will be arriving from in the morning.

Name of person or facility responsible in a.m.	Phone #	Beforecare <input type="checkbox"/>
		Parent Dropoff <input type="checkbox"/>
Address of person or facility responsible in a.m.		Bus <input type="checkbox"/>
		<input type="checkbox"/>
Bus #	Name and phone # of Transportation Dept.	

### **AFTER SCHOOL**

Please give the address and phone number of the location where your child/ren will be going after school.

Name of person or facility responsible in p.m.	Phone #	
Address of person or facility responsible in p.m.		
Bus #	Name and phone # of Transportation Dept.	

Monday	Tuesday	Wednesday	Thursday	Friday
◇ Bus	◇ Bus	◇ Bus	◇ Bus	◇ Bus
◇ Aftercare	◇ Aftercare	◇ Aftercare	◇ Aftercare	◇ Aftercare
◇ Parent p/u	◇ Parent p/u	◇ Parent p/u	◇ Parent p/u	◇ Parent p/u

**Additional comments may be added to the back of this form.**