2026-2027 Date _____

C O M I N G S and G O I N G S

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 # _____

Address of person or facility responsible in a.m. _____

Bus # _____ Name and phone # of Transportation Dept. _____

Beforecare ☐

Parent Dropoff ☐

Bus ☐

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. ☐