



Crivitz Elementary Go-Home Plan CHANGE

Child's first & last Name:	
Teacher's name:	
Date change is to take place:	

☐ **ride school bus #** (circle): **1 2 3 4 5 6 7 8 9** ☐ **HOME** *or with/to:* _____

☐ **pick up after school by:** _____

☐ **pick up early** (time): _____ by: _____

for: ☐ **doctor** ☐ **dentist** ☐ **ortho** ☐ **out of town** ☐ **appt** ☐ **other:** _____

☐ **will return to school** ☐ **will NOT return to school**

☐ **stay after school to participate in:** _____

☐ **walk home**

☐ **CYI bus**

GO-HOME PLAN CHANGES MUST BE ARRANGED BEFORE SCHOOL WITH A DATED WRITTEN NOTE,
EXCEPT IN EMERGENCIES. DO NOT CALL OR EMAIL AFTER SCHOOL GO HOME CHANGES.

Parent Signature: _____

Date Signed: _____

Transportation office use only

<input type="checkbox"/> Teacher initials/notified	<input type="checkbox"/> Route sheet updated	> Office: _____
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