

ROCKY MOUNT ELEMENTARY CHANGE OF TRANSPORTATION FORM

**For your convenience, you may fax this form to 770/591-5041 or email it to both
Pennie.jackson@cobbk12.org AND Melissa.mccabe@cobbk12.org

STUDENT/S NAME	GRADE	HOMEROOM TEACHER

IMPORTANT: All transportation changes must be made in writing and received no later than 1:45 pm. **No transportation changes can be made by telephone, except to go to ASP.**

Today's date: _____

My child will:

- Attend ASP (Student must be registered and prepaid)
- Ride their regular bus home
- Ride home on another bus ***Cobb County Student Bus Pass must be completed, signed by the parent and attached***
- Walk (Safe Walker form must be on file)
- Carpool with _____
- Attend _____ Club
- Daycare bus: _____

Is this a permanent change? _____ **Yes** _____ **No**

WEEKLY CHANGE: WEEK OF _____

If your child does NOT have a regular mode of transportation, indicate your child's dismissal below. Please submit this at the beginning of each week detailing your child's daily mode of transportation home. **Please understand that in the absence of a note, for your child's safety, students will be sent to the After School Program (ASP) and you will be charged the daily fee of \$7.00.**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<input type="checkbox"/> Bus Color:	<input type="checkbox"/> Bus Color:	<input type="checkbox"/> Bus Color:	<input type="checkbox"/> Bus Color:	<input type="checkbox"/> Bus Color:
<input type="checkbox"/> ASP	<input type="checkbox"/> ASP	<input type="checkbox"/> ASP	<input type="checkbox"/> ASP	<input type="checkbox"/> ASP
<input type="checkbox"/> Car	<input type="checkbox"/> Car	<input type="checkbox"/> Car	<input type="checkbox"/> Car	<input type="checkbox"/> Car
<input type="checkbox"/> Walk	<input type="checkbox"/> Walk	<input type="checkbox"/> Walk	<input type="checkbox"/> Walk	<input type="checkbox"/> Walk
<input type="checkbox"/> Club	<input type="checkbox"/> Club	<input type="checkbox"/> Club	<input type="checkbox"/> Club	<input type="checkbox"/> Club

Enrolling Adult Signature: _____ Contact Number _____