The Best Academy 09-10
Student Mode of Transportation Form

My child(ren)'s, _____, mode of transportation from school will be (please check all that apply):

___	1) Bus	M	T	W	TH	F
___	2) Walk	M	T	W	TH	F
___	3) Parent Pick-Up	M	T	W	TH	F
___	4) Latchkey	M	T	W	TH	F

If your child(ren) will **walk** home from school, please read and sign the following.

I,_____, give my child(ren) permission to **walk** home on the days that are circled above.

_____

Parent Signature

Please turn this form into the Main Office. Thank you.