



1306 Dupont Street
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bellinghamschools.org

Elementary Return Home Plan (elementary families only)

Please use one form per child. Photocopy as needed. If you require additional copies, please contact your school. Return to school office.

SCHOOL: _____ TEACHER: _____ SCHOOL YEAR: _____

CHILD'S NAME: _____ GRADE: _____

PLEASE INDICATE YOUR CHILD'S TRAVEL PLANS FOR EACH DAY OF A TYPICAL SCHOOL WEEK:

(Students are assigned to a bus and designated stop based on their address in Skyward; please check online for bus information.)

School bus	Circle Days of the Week
(indicate bus number) _____	M T W Th F
Pick-up by parent/guardian/authorized person(s)	
(see list below) _____	M T W Th F
Pick-up by daycare van	
(write in name of provider) _____	M T W Th F
YMCA after-school program _____	M T W Th F
Walk/bike _____	M T W Th F
Other (write in) _____	M T W Th F

Authorized person(s) who will pick up my child from school:

NAME: _____	PHONE NUMBER: _____
NAME: _____	PHONE NUMBER: _____
NAME: _____	PHONE NUMBER: _____
NAME: _____	PHONE NUMBER: _____
NAME: _____	PHONE NUMBER: _____

If you need to make changes to your child's regular afternoon transportation plan, please send an updated copy of this plan to the school front office. For safety reasons, we will not change your child's transportation plan without written documentation. If alternative transportation plans arise on short notice, please notify the school front office by 11:30 a.m. the day of the change. Bus space on alternative routes for that day will be considered, if space allows.

PARENT/GUARDIAN SIGNATURE

DATE