# Willow Springs Learning Center
# TRANSPORTATION NEEDS

(Please use to report changes or variable schedules)

**Student Name**: _____

**My child will:**

_____ be transported by parent to and from school.

_____ be attending Right At School daycare located at Willow Springs **before and after** school. (No school district transportation required.)

_____ ride the bus to and from **our home address.**

_____ ride the bus to and from **a daycare address.**

Daycare: _____

Address: _____

_____ have a variable schedule.

***For each day below, please write **PT** for parent transport or **BUS** to indicate bus transportation. Please write **RIGHT AT SCHOOL** on the days below if your child will be using the Right At School daycare before or after their Willow Springs school session.

| **Transportation TO school** *(indicate PT, BUS, or RIGHT AT SCHOOL)* | | **Transportation AFTER school** *(indicate PT, BUS, or RIGHT AT SCHOOL)* | |
|---|---|---|---|
| Monday | _____ | Monday | _____ |
| Tuesday | _____ | Tuesday | _____ |
| Wednesday | _____ | Wednesday | _____ |
| Thursday | _____ | Thursday | _____ |
| Friday | _____ | Friday | _____ |

**Please list all individuals permitted to receive your child off of the bus**: _____

_____

**Parent Signature**: _____ **Date**: _____