North Springs Elementary
Phone: (803) 736-3183; Fax: (803) 699-2732
Email: nse.richland2.org

TO MY CHILD'S TEACHER

Student:_____ Teacher:_____

Date (Please include.):_____

CHECK THE FOLLOWING THAT APPLY:

_____ Transportation change

(FOR YOUR CHILD'S SAFETY, PLEASE INFORM THE DAY CARE FACILITY, THE TEACHER, AND YOUR CHILD OF ANY TRANSPORTATION CHANGE.)

Today my child will:

_____ Be a car rider _____ Ride the bus (Please include the bus #.)

_____ Go to day care:_____
(Please include name of day care.)

_____ Be picked up early by:_____
(Please include name of individual.)

_____ Be a walker: North Springs: _____ Summit: _____

_____ Medical information (Please explain - i.e. medicine in health room; can't go out for recess.)

_____

_____

_____ Other (Please explain.)

_____

_____

Parent Name:_____ Parent Signature:_____
(Please print.)