



FOR OFFICE USE ONLY
UPDATED
UPDATED
UPDATED

STUDENT NAME: _____

TEACHER: _____

GRADE: _____

CHECK THE DAY(S) BELOW					
EVERY DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DAILY - TRANSPORTATION PLAN (when leaving school)

will **RIDE BUS #** _____ to: home daycare other _____
 to the following (name) _____
 address _____ Phone _____
 Parents: For busing questions, call First Student Busing 503-538-8365

will be **PICKED UP** by (name) _____
 relationship to my child _____ Phone _____

will **WALK OR RIDE BIKE** to ___home ___daycare ___other
 to the following (name) _____
 address _____ Phone _____

will attend Chehalem Park & Rec **CARE PROGRAM**
 Parents: For CARE questions and registration, call CPRD 503-537-2909

ADDITIONAL COMMENTS:

EARLY RELEASE - TRANSPORTATION PLAN

Although occurrence is rare, we would like to plan ahead for the possibility of an early school closure. This may be due to an event such as severe weather conditions. Please decide on a plan with your child(ren) and talk with them to be sure they know what they are expected to do in the event school is closed early. We expect that school buses will run their regular routes. **IN THE EVENT OF AN EARLY RELEASE, A PHONE CALL WILL BE MADE TO EVERY PARENT.**

In the event of an early school closure, the best number to reach me at is: _____

I would expect my child to do the following (Note...the school understands this is only a proposed plan):

Be picked up by _____ Relationship to child: _____

Ride bus # _____ to Home Daycare Other: _____

Walk to Home Daycare Other: _____

Responsible adult who will be at the destination: _____

Destination address: _____ Phone: _____

Siblings at Crater who will use the same early release plan:

Student's Name: _____ Grade: _____ Teacher: _____

Student's Name: _____ Grade: _____ Teacher: _____

_____ Parent/Guardian Signature	_____ Date
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**Please let us know when there is a change to either of these plans.
 Anyone picking up your child must be authorized by you.**