

First Day Information

Child's Name: _____ Grade: _____

Parent Name: _____

Phone Number: _____

We want the first day to run as smoothly as possible, so to help your child feel more secure, please supply the following information for the first day of school.

Please check what your child will be doing for lunch on the first day of school. Lunch money may be deposited in your child's account in the cafeteria or online.

HOT LUNCH

COLD LUNCH

Please check how your child is going home. There are two boxes to mark, one for the first day of school and the second for the remainder of the school year. Note that dismissal is at 3:10. **If your child rides the bus, please record the bus number.**

First Day

Ride Bus # _____

Walk

Car

CARE

Remaining days of school

Ride Bus # _____

Walk

Car

CARE

**Please be aware any change from your child's normal transportation plan requires a note from a parent/guardian.

Parent Signature

Please return this form at the Supply Drop-Off event on September 1st or the first day of school, September 6th.