



Great Bridge Intermediate School
 Student Transportation/Absence Notice
 Phone: 757.482.4405
 Fax: 757.482.4027



Today's Date: _____ New Student (if checked)

Student: _____ Teacher: _____

TRANSPORTATION:

This student will: (choose one)

Ride bus # _____ home _____
 (home address)

Ride bus # _____ to _____
 (address of bus stop location)

Name of care provider: _____

Phone # of care provider: _____

Be picked up (with ID) by _____ at _____
 (time)

In Walk Zone

Other: _____

This is a: (choose one)

Change is for today only

Change for the following dates: _____

Permanent change

ABSENCE:

is returning to school after an absence on: _____ due to: _____

is late due to: _____

Parent's Signature: _____ Contact #: _____

____ Initials Admin/Office Approval: _____ Parent Note on Back