## RECORD OF TRANSPORTATION

Sts. Peter and Paul

FAMILY NAME:		
	(Please Print)	
EMAIL ADDRESS:		GRADE:
CHILD(REN):		
		- Company of the Comp
My child(ren)'s usua	ll means of transportation is: (when bu	s service is available)
A.M.	P.M.	
	Riding a Bus, #	·
	Riding in a CarI	Oriver(s):
Before we are allowed permission from that child(ren) at various School Office. We witime. If you live cluschool, please inform Office (635-4382).  THE FOLLOWING	ed to release a child to someone other the child's parent or guardian. If someone times throughout the school year, please will keep a copy on file so that you will lose to School and your child(ren) have a us of that also. If you have any questions of the present of the pres	e fill out this form and return it to the l not need to call or write a note each your permission to walk home after ons, please feel free to call the School
FR	ROM SCHOOL WITHOUT SPECIAL	
My child(ren) has pe	rmission to walk home from school on an	ny day: YES NO
PARENT'S SIGNA	TURE:	DATE:
OFFICE/FORMS/Record of Tr		