

# Greenmont Avenue Elementary School

## Arrival and Dismissal Schedule ~ 2010-2011

Student Name : \_\_\_\_\_ Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_ Parents Names: \_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_

A.M.	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	BUS # _____	BUS # _____	BUS # _____	BUS # _____	BUS # _____
	Walker/Biker <input type="checkbox"/>	Walker/Biker <input type="checkbox"/>	Walker/Biker <input type="checkbox"/>	Walker/Biker <input type="checkbox"/>	Walker/Biker <input type="checkbox"/>
	Car Drop off <input type="checkbox"/>	Car Drop off <input type="checkbox"/>	Car Drop off <input type="checkbox"/>	Car Drop off <input type="checkbox"/>	Car Drop off <input type="checkbox"/>
P.M.	BUS # _____	BUS # _____	BUS # _____	BUS # _____	BUS # _____
	Daycare: _____	Daycare: _____	Daycare: _____	Daycare: _____	Daycare: _____
	Please specify	Please specify	Please specify	Please specify	Please specify
	CTI <input type="checkbox"/>	CTI <input type="checkbox"/>	CTI <input type="checkbox"/>	CTI <input type="checkbox"/>	CTI <input type="checkbox"/>
	Walker/Biker <input type="checkbox"/>	Walker/Biker <input type="checkbox"/>	Walker/Biker <input type="checkbox"/>	Walker/Biker <input type="checkbox"/>	Walker/Biker <input type="checkbox"/>
	Car Pick up <input type="checkbox"/>	Car Pick up <input type="checkbox"/>	Car Pick up <input type="checkbox"/>	Car Pick up <input type="checkbox"/>	Car Pick up <input type="checkbox"/>

PLEASE NOTE: IF THERE IS ANY CHANGE TO THE ABOVE SCHEDULE A NOTE MUST BE SENT IN TO YOUR CHILD'S TEACHER ADVISING OF THE CHANGE.