

TRANSPORTATION CHANGE

SCHOOL

213-B Brooks Street Pelahatchie, MS 39145 601.854.8060



Teacher:	_ Date (mm/dd):
My child:	
will have a different means of transportation:	
☐ Today ☐ Tomorrow ☐ All Week ☐ Until Further Notice	
He / She will be a:	
□ Car Rider □ Bus Rider on Bus Number	
to the physical address	
□ Day Care rider with	Day Care
Parent / Guardian Signature:	
Cell Phone: I	Daytime: