Car Rider
Pick Up Tag #

## <u>Dickinson Elementary</u> <u>Lamar CISD</u> 7110 Greatwood Pkwy <u>Sugar Land, TX 77479</u> 832-223-1400 832-223-1401 (fax)



## **Transportation Change Form**

My child	
(first name)	(last name)
☐ This will be a PERMANEN (date)	_
☐ This will be a change for:	(date)
☐ Car Rider	
☐ School Bus Rider Bus #	
<ul><li>□ Day Care Bus (Name of dayca Day Care Phone #</li></ul>	are)
☐ Walker/Bike Rider	
☐ Knolls	
<ul><li>Other Walker</li><li>Rainy Day Plan:</li></ul>	
☐ Change to School Bus Ric	der Bus #
☐ Change to Car Rider	
☐ Change to Day Care – Na	ame
Parent Signature	
Student's Homeroom Teacher	
F	FOR SCHOOL USE ONLY
Clerk's Initials	Date Received