



# Reuben B. Myers School of Arts and Sciences



357 Old Yazoo City Road ~ Canton, MS 39046  
Phone: (601) 855-7819 Fax: (601) 855-7823

## Transportation Change

Teacher's Name \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

My child \_\_\_\_\_ will have a different means of transportation:

( ) Today Only ( ) All week ( ) Everyday ( ) Other: \_\_\_\_\_

*Please indicate date or dates for the change*

He /She will be:

\_\_\_\_\_ Car rider/Name of pick up person \_\_\_\_\_

\_\_\_\_\_ Day care/Name of Daycare \_\_\_\_\_

\_\_\_\_\_ Walker

\_\_\_\_\_ Bus rider/ Bus # \_\_\_\_\_ Driver Name: \_\_\_\_\_

To physical address: \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_



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