

Parent/ Guardian Signature Daytime Phone

Reuben B. Myers School of



Arts and Sciences

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

Fax: (601) 855-7823

Teacher's Name	tion Change Grade: Date:
My child	will have a different means of transportation:
	() 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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igers	Myers School of Sciences
hool of Arts and	~
Arts and 357 Old Yazoo City Roa	Sciences
Arts and 357 Old Yazoo City Roa Phone: (601) 855-7819	Sciences ad ~ Canton, MS 39046 Fax: (601) 855-7823
Arts and 357 Old Yazoo City Rose Phone: (601) 855-7819 Transports	Sciences ad ~ Canton, MS 39046 Fax: (601) 855-7823 attion Change
Arts and 357 Old Yazoo City Roa Phone: (601) 855-7819 Transporta	Sciences ad ~ Canton, MS 39046 Fax: (601) 855-7823 ation Change Grade: Date:
Arts and 357 Old Yazoo City Roa Phone: (601) 855-7819 Transporta Teacher's Name My child	Sciences ad ~ Canton, MS 39046 Fax: (601) 855-7823 ation Change Grade: Date: will have a different means of transportation
Arts and 357 Old Yazoo City Roa Phone: (601) 855-7819 Transporta Teacher's Name My child () Today Only () All week () Everyday	Sciences ad ~ Canton, MS 39046 Fax: (601) 855-7823 ation Change Grade: Date:
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Arts and 357 Old Yazoo City Roa Phone: (601) 855-7819 Transporta Teacher's Name My child () Today Only () All week () Everyday He /She will be:Car rider/Name of pick up person Day care/Name of Daycare	A Sciences ad ~ Canton, MS 39046 Fax: (601) 855-7823 ation Change Grade: Date: will have a different means of transportation () Other: Please indicate date or dates for the change

Cell Phone: