



ST. JOSEPH SCHOOL

Travel Note

Date _____

1. Your Information

Student Name _____

Teacher Name _____

Parent Signature _____

In Extended Care Program? Yes No

2. Travel Plan for Today

Please check all that apply:

Going home on bus # _____

Walker's Line

Driver's Line

Going home with _____

Doctor / ortho / other (circle) appointment at _____ am / pm

Returning at _____ am / pm Not returning

Other: _____

3. For Extended Care Students Only

Going to Extended Care

Not going to Extended Care

Other: _____

Teacher Approval

_____ Teacher initials

Logged in TeacherEase? Yes No

Office Approval

_____ Office initials

_____ EC initials