

DISMISSAL/TRANSPORTATION FORM

PORTSMOUTH STEM ACADEMY

614 3rd Street, Portsmouth, OH 45662

(740) 351-0591

Student Information

Name: _____

Homeroom Teacher _____ Grade level: _____

School District of residence: _____

Primary Transportation

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<input type="checkbox"/> Drop off AM	<input type="checkbox"/> Drop off AM	<input type="checkbox"/> Drop off AM	<input type="checkbox"/> Drop off AM	<input type="checkbox"/> Drop off AM
<input type="checkbox"/> Pickup PM	<input type="checkbox"/> Pickup PM	<input type="checkbox"/> Pickup PM	<input type="checkbox"/> Pickup PM	<input type="checkbox"/> Pickup PM
<input type="checkbox"/> Bus AM PM	<input type="checkbox"/> Bus AM PM	<input type="checkbox"/> Bus AM PM	<input type="checkbox"/> Bus AM PM	<input type="checkbox"/> Bus AM PM

My student will be **driving** to/from school daily.

- Students driving to/from school will be given a mirror hanger and the code to our gated parking lot.
- Students driving will be dismissed at 3:15 pm and must exit through the main entrance.

My student will be **walking** to/from school daily.

- A Parent/guardian must submit an address of the location the student will be walking to if different from the home address. At any time throughout the year the location changes, please notify the office.

Address: _____

- Students walking will be dismissed at 3:15 pm and must exit through the main entrance.

If busing is provided by your school district of residence, it is your responsibility to contact the Transportation Office to arrange bus transportation. If changes are made to your student's daily routine, you must **contact the office by 1:00 pm** to give staff enough time to notify the student and their teachers. If an emergency arises, please contact the office ASAP.

Parent/Guardian Signature: _____ Date: _____