



**Antioch Elementary
School
TRANSPORTATION FORM**

Date of Change: _____

Student: _____
PRINT CLEARLY First and Last Name

Teacher: _____ Grade: _____

Parent Name: _____

Phone: _____

Parent Signature: _____

HOW DO YOU WANT YOUR CHILD
TO GO HOME?

CHECK ONLY ONE!!

- ☐ Bus # _____
- ☐ Car Rider _____
- ☐ AES Afterschool _____
- ☐ Club _____
- ☐ Tutor w/ _____
- ☐ Walker _____
- ☐ Other _____

Normal Transportation: _____

Transportation changes must be made before 1:00pm on
the day of the change. No students will be dismissed after
1:30 pm



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