

Meridian School

2195 Brandywyn Lane, Buffalo Grove, Illinois 60089

Phone: 847-955-3500 Fax: 847-634-4229

Greg Michels, Principal · Nicole Milewski, Asst. Principal

Before and After School Transportation Form (Grades 4-5)

Circle your child's grade for School Year 2024-2025: 4 5

Child's Name : _____ Parent Guardian Name: _____

Parent/Guardian Daytime Phone Number: _____ Secondary Phone: _____

Home Address: _____

Please tell us your child's daily transportation from school

Examples: **JCYS, Walker, Bus Rider** (only if you have bus service), **Daycare** (please list the daycare provider's name and phone number), **Pick Up** (please list by whom)

MONDAY From School: _____

TUESDAY From School: _____ : _____

WEDNESDAY From School: _____

THURSDAY From School: _____

FRIDAY From School: _____

Daycare Name: _____ Phone: _____

My child will be picked up by: _____

If your child plans to go home differently than what is listed above, you **MUST notify your child's teacher on the given day by sending a note to school.**

Parent/Guardian Signature: _____ Date: _____

Please bring or mail to:

Meridian School Attn: Office

2195 Brandywyn Lane, Buffalo Grove, IL 60089

This form must be returned to the Meridian School Office.

For office use only: Child's Teacher _____