

SANDY SPRING FRIENDS SCHOOL

Lower School

Change of Schedule or Transportation Notification

Name of Child _____ Class _____

Will Arrive Late _____
Date _____ *Time* _____ *Reason* _____

Will Leave Early _____
Date _____ *Time* _____ *Reason* _____

Will Leave With _____ Class _____
(Please check one) On the bus In Aftercare In Carpool

Will be picked-up in Carpool by _____

Date(s) _____

Will not attend school on :

Date(s)

**Will need to go to Aftercare
(Needs approval and Emergency
Drop-In Charges may apply)**

Date(s)

Reason:

Usual After School Schedule
(Please check one)

Bus _____

Carpool _____

Aftercare _____

Signed: _____ Date: _____

Relationship: _____

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