

NORMAN E. DAY SCHOOL 2009-2010

ARRIVAL & DISMISSAL SCHEDULE FOR:

STUDENT NAME: _____

GRADE: _____ **TEACHER:** _____

Please check the appropriate box:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
A.M.	EAO <input type="checkbox"/> BUS # _____ Walker/Biker <input type="checkbox"/> Personal Drop off <input type="checkbox"/>	EAO <input type="checkbox"/> BUS # _____ Walker/Biker <input type="checkbox"/> Personal Drop off <input type="checkbox"/>	EAO <input type="checkbox"/> BUS # _____ Walker/Biker <input type="checkbox"/> Personal Drop off <input type="checkbox"/>	EAO <input type="checkbox"/> BUS # _____ Walker/Biker <input type="checkbox"/> Personal Drop off <input type="checkbox"/>	EAO <input type="checkbox"/> BUS # _____ Walker/Biker <input type="checkbox"/> Personal Drop off <input type="checkbox"/>
P.M.	VIC <input type="checkbox"/> BUS # _____ DayCare _____ Please specify WPC <input type="checkbox"/> Walker/Biker <input type="checkbox"/> Personal Pick up <input type="checkbox"/>	VIC <input type="checkbox"/> BUS # _____ DayCare _____ Please specify WPC <input type="checkbox"/> Walker/Biker <input type="checkbox"/> Personal Pick up <input type="checkbox"/>	VIC <input type="checkbox"/> BUS # _____ DayCare _____ Please specify WPC <input type="checkbox"/> Walker/Biker <input type="checkbox"/> Personal Pick up <input type="checkbox"/>	VIC <input type="checkbox"/> BUS # _____ DayCare _____ Please specify WPC <input type="checkbox"/> Walker/Biker <input type="checkbox"/> Personal Pick up <input type="checkbox"/>	VIC <input type="checkbox"/> BUS # _____ DayCare _____ Please specify WPC <input type="checkbox"/> Walker/Biker <input type="checkbox"/> Personal Pick up <input type="checkbox"/>

E.A.O. – Early Arrival Option

V.I.C. – Vehicle Identification Cards (only required for afternoon pick up)

W.P.C. – Westford Partnership for Children (a.k.a. after school program)

PLEASE NOTE: IF THERE IS ANY CHANGE TO THE ABOVE SCHEDULE A NOTE MUST BE SENT IN TO YOUR CHILD'S TEACHER ADVISING OF THE CHANGE.