



OAK RIDGE SCHOOLS
21ST CCLC GRANT
2022-2023
TRANSPORTATION FORM



Student Name _____

Please indicate the type of daily transportation for your child.

At the end of the after-school program, my child will:

Monday

___ Be a car rider with _____

___ Go to ECC

___ Walk home to this address _____

___ Ride the bus to this address _____

Tuesday

___ Be a car rider with _____

___ Go to ECC

___ Walk home to this address _____

___ Ride the bus to this address _____

Wednesday

___ Be a car rider with _____

___ Go to ECC

___ Walk home to this address _____

___ Ride the bus to this address _____

Thursday

___ Be a car rider with _____

___ Go to ECC

___ Walk home to this address _____

___ Ride the bus to this address _____

Parent Signature _____ **Date** _____