

Mystic Valley Regional Charter School

www.mvracs.com

**PLEASE FILL OUT AND RETURN TO YOUR CHILD'S TEACHER ON
MONDAY, AUGUST 24th (1st day of school)
(All students must complete this form)**

Child's Name: _____

Child's Teacher: _____ Grade: _____

Please specify how your child will be going home each day.

Monday 8/24	Tuesday 8/25	Wednesday 8/26	Thursday 8/27	Friday 8/28
Walk	Walk	Walk	Walk	Walk
Bus # _____	Bus # _____	Bus # _____	Bus # _____	Bus # _____
Bus Stop _____	Bus Stop _____	Bus Stop _____	Bus Stop _____	Bus Stop _____
Picked Up By: _____	Picked Up By: _____	Picked Up By: _____	Picked Up By: _____	Picked Up By: _____

My child attends the High School. He/She will also need to take the shuttle bus that goes to the high school in the AM from the lower school and in the PM returns from the high school to the lower school bus (check all that apply):

_____ **in the morning**
_____ **in the afternoon**

If taking the bus, please specify the bus number (1-9) **and** the stop number your child will be taking each day. This information will be placed on our web site on Aug 17th at www.mvracs.com.

Please be aware that these choices will continue for the entire year. All changes **must be in writing**. In order to be eligible for transportation, your home must be more than 1.5 linear miles from the campus you attend **and** you need to live within the charter community (Everett, Malden, Medford, Melrose, Stoneham or Wakefield).

Parent Signature: _____

File: Administration\School Opening\Going Home Form