



**Community Learning Center  
School Transportation and Schedule**

Child Name: \_\_\_\_\_

\_\_\_\_\_ Will be walking with CLC Staff to/from Dunwiddie School

\_\_\_\_\_ Will be taking bus to/from SAFFE from: Lincoln Saukville TJ

- Community Learning Center is not responsible for your child’s transportation.
- Parents must make arrangements for bus transportation with Johnson Bus at 262-284-5330

\_\_\_\_\_ Out of school activity: If requires walking to Dunwiddie, CLC staff will safely walk the child across the street. Once we leave CLC’s parking lot, CLC will no longer be responsible for the child.

I give permission for CLC staff to communicate with the bus company and my child’s school/teacher(s) to coordinate their transportation.

**My child’s schedule is effective as of:** \_\_\_\_\_

(X= Not Scheduled) Example: 6:30AM – bus, 6:30AM – Dunwiddie, Bus to 5:30PM, Dunwiddie to 5:00PM

	Monday	Tuesday	Wednesday	Thursday	Friday
AM- Drop Off Time-Time					
PM- Time-Time					

\_\_\_\_\_ My child’s schedule rotates and I will complete a schedule change form weekly or a monthly calendar for each week by Monday at noon prior to the week of care needed.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**Community Learning Center  
School Transportation and Schedule**

Child Name: \_\_\_\_\_

\_\_\_\_\_ Will be walking with CLC Staff to/from Dunwiddie School

\_\_\_\_\_ Will be taking bus to/from SAFFE from: Lincoln Saukville TJ

- Community Learning Center is not responsible for your child’s transportation.
- Parents must make arrangements for bus transportation with Johnson Bus at 262-284-5330

\_\_\_\_\_ Out of school activity: If requires walking to Dunwiddie, CLC staff will safely walk the child across the street. Once we leave CLC’s parking lot, CLC will no longer be responsible for the child.

I give permission for CLC staff to communicate with the bus company and my child’s school/teacher(s) to coordinate their transportation.

**My child’s schedule is effective as of:** \_\_\_\_\_

(X= Not Scheduled) Example: 6:30AM – bus, 6:30AM – Dunwiddie, Bus to 5:30PM, Dunwiddie to 5:00PM

	Monday	Tuesday	Wednesday	Thursday	Friday
AM- Drop Off Time-Time					
PM- Time-Time					

\_\_\_\_\_ My child’s schedule rotates and I will complete a schedule change form weekly or a monthly calendar for each week by Monday at noon prior to the week of care needed.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date