



**PERRY PUBLIC SCHOOLS  
TRANSPORTATION SCHEDULE  
2021-2022**

**WE DO NOT BUS SCHOOL OF CHOICE STUDENTS TO THEIR HOME OUTSIDE OF THE DISTRICT. WE WILL TRANSPORT STUDENTS TO CHILDCARE IF LOCATED IN THE DISTRICT.**

\_\_\_\_ New Student      \_\_\_\_ Change      \_\_\_\_ No Transportation required at this time

Start date: \_\_\_\_\_

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate emergency contact and phone: \_\_\_\_\_

**Childcare Provider Information, if applicable**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Additional info: \_\_\_\_\_

**SCHEDULE**

**AM Pick Up Location**

**PM Drop Off Location**

<b>Monday</b>	____ Home ____ Childcare ____ None	____ Home ____ Childcare ____ None
<b>Tuesday</b>	____ Home ____ Childcare ____ None	____ Home ____ Childcare ____ None
<b>Wednesday</b>	____ Home ____ Childcare ____ None	____ Home ____ Childcare ____ None
<b>Thursday</b>	____ Home ____ Childcare ____ None	____ Home ____ Childcare ____ None
<b>Friday</b>	____ Home ____ Childcare ____ None	____ Home ____ Childcare ____ None

Any changes to your child's transportation schedule must be submitted to the Transportation Office.

**Please allow five (5) business days for changes to be made.**

Transportation Department  
Phone: 517-625-3107



PERRY PUBLIC SCHOOLS

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## COVID-19 School Health Screening Agreement

### Instructions for Parents and/or Guardians

For the health and safety of our students, the Shiawassee County Health Department requires students be screened for symptoms of COVID-19 before entering the school. Due to the time and interruption to education doing this on site prior to school entry this would cause, the health department feels that instructing parents to do this prior to sending their kids to school is acceptable. We ask that you complete the steps of the student screening below, prior to sending your child to school or any school activities or sports. We ask that you complete the form below indicating your understanding and agreement to perform symptom screenings on your child. By signing this form, I am committing to screening my child daily for the 2021-2022 school year, unless otherwise directed. I also understand that it is my responsibility to call Perry Public Schools as soon as possible to let them know if my child is not going to school for potential COVID-19 symptoms.

I commit to screening my child \_\_\_\_\_ for COVID-19 symptoms and exposure.

Parent(s)/ Guardian(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_