Ball Ground STEM Academy

Transportation & ASP Change Form

Print and complete this form and turn in to the office ***before 1:00 p.m.***
You may also email the front office staff, but be sure to include all information listed below.

Donna.Mele@cherokee.k12.ga.us and *Julia.Fowler@cherokee.k12.ga.us*

Date Transportation Change will occur: _____

Students Name: _____
First Last

Homeroom: _____ _____
Teacher Grade

Please check the appropriate information below:

- ☐ My child should ride his/her bus home today. Bus # _____
- ☐ My child will be a car rider today.
- ☐ My child will be in After School Program (ASP)

today.

Please note that if someone not on the emergency check out list is picking up your student. They must have their license scanned at pick-up.

- ☐ Other _____

_____

Parent Signature: _____

Parent Phone Numbers:
Home: _____
Work: _____
Cell: _____