

FIRST TRIMESTER PLAN FOR YOUR CHILD

Parents, return this in the self-addressed envelope as soon as possible but no later than **Monday, August 10th** please! The information you are providing is for the first trimester of the school year (**August 31 – November 24, 2020**)
In November, you will receive another form.

Name of your child: _____ Grade: _____

Check one of the following:

1. My child will be:

_____ Returning to "in person" school in the classroom for the first trimester.

_____ Participating in remote instruction for the first trimester.

2. _____ My child does not eat breakfast at home and will need school breakfast.

_____ My child will eat breakfast at home.

3. _____ My child will take the bus to school.

_____ I will drop my child off in the morning.

4. _____ After school, my child will take the bus to: (address below please)

_____ After school, I will pick my child up.