



2025-26 FES T ransportation Information

Student Name _____

Student Grade _____ Student T eacher: _____

Parent N ame _____ Parent ph# _____

Please indicate how your child will get home each day during the first week of school and CALL OFFICE with any changes.

First W eek of School:

Wednesday, Aug. 13th	Bus	Parent Pick-Up	After School Program/Eagle's Nest
Thursday, Aug. 14th	Bus	Parent Pick-Up	After School Program/Eagle's Nest
Friday, Aug. 15th	Bus	Parent Pick-Up	After School Program/Eagle's Nest

Please make sure the child knows how he/she is getting home each day and CALL OFFICE with any changes.

R egular T ransportation:

Monday	Bus	Parent Pick-Up	After School Program/Eagle's Nest
Tuesday	Bus	Parent Pick-Up	After School Program/Eagle's Nest
Wednesday	Bus	Parent Pick-Up	After School Program/Eagle's Nest
Thursday	Bus	Parent Pick-Up	After School Program/Eagle's Nest
Friday	Bus	Parent Pick-Up	After School Program/Eagle's Nest

*You must have a **Route Change Form** filled out and turned in if you want your child to use a different route or to add a stop for the 2025-2026 school year and CALL OFFICE with any changes.

Parent Signature _____ Cell No. (____) _____

For future use this school year, Foothill PFA would like to know your child's shirt size.
Please circle size: Youth: XS S M L XL Adult: S M L XL 2XL 3XL