



COMPLETE FORM IF YOU ARE REQUESTING BUS TRANSPORTATION FOR 2020-21:

Student's Name(s): _____ Grade(s): _____

Parent's Name: _____

Home Phone # _____ Cell # _____ Work # _____

Home Address: _____ City: _____ Zip: _____

Pick-up Information:

Start Date: _____

Pick Up @ Home:
Bus # _____ Time: _____
(Office will complete)

Pick Up @ Child Care:
Bus # _____ Time: _____
(Office will complete)

Check the appropriate box:

Pick up at Home (See Address above) **OR** Pick up at child care provider **OR** I will bring my child to school

Information of Child Care Provider:

Name: _____

Address: _____

Phone #: _____

Drop off Information:

Start Date: _____

Drop Off @Home:
Bus # _____
(Office will complete)

Drop Off @ Child Care:
Bus # _____
(Office will complete)

Check the appropriate box:

Drop Off at Home (See Address above) **OR** Drop Off at child care provider **OR** I will pick my child up at school

Information of Child Care Provider:

Name: _____

Address: _____

Phone#: _____

Note: _____

Date

Parent's Signature

****Please return completed form to school before June 1, 2020****