

KINDERGARTEN TRANSPORTATION INFORMATION

Please fill in all information below:

CHILD'S NAME: _____

PARENT'S NAME: _____

Transportation plan for kindergarten students:

Please Check One:

Child picked up by bus at: Home Day care Transport by parents
Child dropped off by bus at: Home Day care Transport by parents
Child will attend Kids Company A.M. _____ P.M. _____ Both

Name of student/sibling who may also ride this bus (if known): _____

Additional comments regarding your Kindergartner's transportation plan:

Name and address of daycare provider on kindergarten school days:

Telephone number of day care provider: _____

Directions from school to home:

Directions from school to day care:

Any change from above information requires a written note to the Transportation Office:

Albany Area Schools
P.O. Box 40
Albany, MN 56307

Director: Doug Konz, 320-845-5068
Adm. Asst. Bonnie Fritz, 320-845-5100

Spring 2017