

School: Cumberland Head Elementary School Beekmantown Elementary School
 Beekmantown Middle School Beekmantown High School
 CVES (full time)

Name of Student: _____

Grade: _____ Teacher: _____

Regular Bus Stop Information

Physical Address: _____

Name of Parent/Guardian: _____

Telephone

Home: _____ Work: _____ Cell/Pager: _____

Name of Emergency Contact: _____

Relationship to Student: _____ Telephone Number: _____

Alternate Bus Stop Information

Alternate Address: _____

Name of Contact Person: _____

Relationship to Student: _____ Telephone Number: _____

Pick Up & Drop Off Schedule (if applicable). Please insert (H) for home address and (A) for alternate address.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

_____ Date _____ Signature of Parent/Legal Guardian

For Office Use Only

_____ Signature of Transportation Supervisor _____ Regular Bus Assigned

_____ Date _____ Alternate Bus Assigned