

**2023-2024 Pendleton Preschool Transportation Form** Date \_\_\_\_\_

Child's Name: First \_\_\_\_\_ Last: \_\_\_\_\_ DOB \_\_\_\_\_

Parent Contact: First \_\_\_\_\_ Last: \_\_\_\_\_ PH: \_\_\_\_\_

Parent Contact: First \_\_\_\_\_ Last: \_\_\_\_\_ PH: \_\_\_\_\_

**COMPLETE TRANSPORTATION SECTIONS FOR BOTH AM AND PM**

\_\_\_\_\_ My child **DOES NOT** need AM bus transportation.

**-OR-**

**Complete only one address**

\_\_\_\_\_ **PLEASE PICK MY CHILD UP AT ONE OF THE FOLLOWING ADDRESSES:**

\_\_\_\_\_ OUR HOME ADDRESS: \_\_\_\_\_ City \_\_\_\_\_

Responsible Adult: \_\_\_\_\_ Relationship: \_\_\_\_\_ PH: \_\_\_\_\_

**-OR-**

\_\_\_\_\_ THIS ADDRESS: \_\_\_\_\_ City \_\_\_\_\_

Responsible Adult: \_\_\_\_\_ Relationship: \_\_\_\_\_ PH: \_\_\_\_\_

\_\_\_\_\_ My child **DOES NOT** need PM bus transportation.

**-OR-**

**Complete only one address**

\_\_\_\_\_ **PLEASE DROP MY CHILD OFF AT ONE OF THE FOLLOWING ADDRESSES:**

\_\_\_\_\_ OUR HOME ADDRESS: \_\_\_\_\_ City \_\_\_\_\_

Responsible Adult: \_\_\_\_\_ Relationship: \_\_\_\_\_ PH: \_\_\_\_\_

**-OR-**

\_\_\_\_\_ THIS ADDRESS: \_\_\_\_\_ City \_\_\_\_\_

Responsible Adult: \_\_\_\_\_ Relationship: \_\_\_\_\_ PH: \_\_\_\_\_

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**OFFICE USE ONLY:**

\_\_\_ NES \_\_\_ SES \_\_\_ M/W \_\_\_ T/TH

BUS IN: \_\_\_\_\_ BUS OUT: \_\_\_\_\_