

Bus Routing 2024 - 2025

MY CHILD(REN):		
Name: _____	Grade: _____	Teacher (if known): _____
Name: _____	Grade: _____	Teacher (if known): _____
Name: _____	Grade: _____	Teacher (if known): _____
Name: _____	Grade: _____	Teacher (if known): _____
PICKUP INFORMATION:		
<input type="checkbox"/> Will be picked up at home (please indicate days): _____ <input type="checkbox"/> Parent Transport (please indicate days): _____ <input type="checkbox"/> Will be picked up at: Name of sitter: _____ Address of sitter: _____ Sitter's telephone: _____ On following days: _____		
<input type="checkbox"/> Will be dropped off at home (please indicate days): _____ <input type="checkbox"/> Parent Transport (please indicate days): _____ <input type="checkbox"/> Will be dropped off at: Name of sitter: _____ Address of sitter: _____ Sitter's telephone: _____ On following days: _____		
_____	_____	
Date	Parent/Guardian Signature	
_____	_____	
Daytime Telephone Number	Address of Parent/Guardian	