Bus Routing 2026 - 2027

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:

☐ **Will be picked up at home (please indicate days): _____**

☐ **Parent Transport *(please indicate days)*: _____**

☐ **Will be picked up at:**

Name of sitter: _____

Address of sitter: _____

Sitter's telephone: _____

On following days: _____

☐ **Will be dropped off at home (please indicate days): _____**

☐ **Parent Transport *(please indicate days)*: _____**

☐ **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