

Transportation Section:

Child's Name _____ Date of Birth _____

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Do you request transportation? Yes No If Yes, To School From School

Name of person who will put child on bus _____ Phone: _____

Address where child should be picked up _____

Describe where the child is to be picked up. _____

(Ex: Yellow house on left, just past town barn.)

Name of person who will greet child _____ Phone: _____

Address where child should be dropped off _____

Describe where the child should be dropped off _____

Child care provider:

_____	_____	_____
Name	Address	Phone

Who is **authorized** to take child *from school*? _____

Who is **authorized** to take child *from bus*? _____

ALWAYS NOTIFY THE SCHOOL IF:

- **A PERSON OTHER THAN THE ONE NAMED IS TO RECEIVE THE CHILD.**
- **PLEASE NOTIFY THE SCHOOL IF YOUR CHILD IS ABSENT. CALL THE BUS GARAGE AT 387-3445 Ext. 3330.**