

**Student Bus Information (must be completed & returned for every child)**

We are currently updating the bus transportation routes for the school year 2016-2017.

Your child's safety is extremely important to us. Your child is permitted a **maximum** of two (2) pick up and two (2) drop off locations. To ensure that your child gets picked up and dropped off at the proper locations, **please complete, sign and return this form to your child's current school.**

School in 2016-17: \_\_\_\_\_ Grade in 2016-17: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_ **My child will only be picked up and dropped off at a bus stop that is at or close to his/her home address. If alternate stops are necessary please complete the following:**

**AM Pick-up Address #1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Telephone \_\_\_\_\_

Check the day(s) that your child will need transportation from this address.

Mon  Tue  Wed  Thu  Fri

**AM Pick-up Alternate Address #2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Telephone \_\_\_\_\_

Check the day(s) that your child will need transportation from this address.

Mon  Tue  Wed  Thu  Fri

**PM Drop-off Address #1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Telephone \_\_\_\_\_

Check the day(s) that your child will need transportation to this address.

Mon  Tue  Wed  Thu  Fri

**PM Drop-off Alternate Address #2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Telephone \_\_\_\_\_

Check the day(s) that your child will need transportation to this address.

Mon  Tue  Wed  Thu  Fri

**I understand that if this schedule changes in any way, I must notify my child's school office in writing. Requests for new or changed bus stops must be made in writing to the school administration a minimum of one week in advance.**

\_\_\_\_\_  
If Change, date effective

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date