

# TRANSPORTATION INFORMATION

PLEASE COMPLETE SECTION "A" EVEN IF YOUR CHILD IS NOT A BUS RIDER

A. PLEASE LIST AT LEAST TWO NAMES (WITH TELEPHONE NUMBER) OF PEOPLE YOUR CHILD MAY RIDE HOME WITH IN THE EVENT OF ILLNESS, MISSED BUS, SCHEDULE CHANGE OR EMERGENCY.

NAME	TELEPHONE #
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B. STUDENT(S) NAME:

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SCHOOL DISTRICT YOU RESIDE IN:-----

BUS #\_\_\_\_ TO SCHOOL

BUS#\_\_\_\_\_ FROM SCHOOL

RIDE THE BUS: \_\_\_DAILY  
                  \_\_\_SOMETIMES  
                  \_\_\_NEVER

(PLEASE CHECK ONE)