

SMALL COMMUNITY, BIG IMPACT!

Dr. Terry Ward Superintendent of Schools

Student Name:

Mrs. Danielle Mahoney **Elementary Principal**

Grade:

If your child(ren) in Grades 1-6 are to be picked up or dropped off at a location, even home, PLEASE fill this form out and return it to the Elementary Office by August 15. All UPK and K students are asked to fill out this form (home and other locations). 😊

BUS REQUEST FORM FOR UPK-6 STUDENTS

Permanent Weekly Transportation Schedule

(If this information changes throughout the school year, it is your responsibility to fill out a new form.) Please fill out a separate form for EACH child. A new form is to be completed each year.

Parent Name:			Teacher Name:		
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	f known):	- for emergencies only. Plo	(cell)	ency and safety.	
EVERY MONDAY	EVERY TUESDAY	EVERY WEDNESDAY	EVERY THURSDAY	EVERY FRIDAY	
A.M. Pick-Up Bus #: Name/Location:					
Phone:	Phone:	Phone:	Phone:	Phone:	
EVERY MONDAY	EVERY TUESDAY	EVERY WEDNESDAY	EVERY THURSDAY	EVERY FRIDAY	
P.M. Drop-Off					
Bus #:					
Name/Location:	Name/Location:	Name/Location:	Name/Location:	Name/Location:	
Phone:	Phone:	Phone:	Phone:	Phone:	
Effective Date:	Parent	Signature:	Too	day's Date:	