BUS RIDER INFORMATION FORM

Please complete the following information so that we can assure your child is picked-up and/or dropped-off at the correct address.

Due to bus capacity and safety reasons, multiple switching of busses before or after school is no longer an option. Parents/Guardians must select one pick-up location and one drop-off location for Normal School Days and one drop-off location for Early Dismissal Days.

Students Name:	
Grade: Teacher (i	f known):
NO BUS NEEDED – Student will be privately	transported in the AM & PM
BUS SERVICE REQUESTED – please indicate an afternoon drop-off location in the space belo	e the requested morning pick-up location and/or w.
NORMAL SCHOOL DAY:	
AM Pick-up Address:	If Sitter/Daycare, Name:
PM Drop-off Address:	If Sitter/Daycare, Name:
EARLY DISMISSAL DAY:	
PM Drop-off Address:	If Sitter/Daycare, Name:
	Z
Parent/Guardian Signature	Date