

Student Bus Information

Student ID Number _____
New students – office only

must be completed and returned for every child in grades K-6

We are currently updating the bus transportation routes for the school year 2018-2019.

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 by May 25, 2018.**

School in 2018-19: Memorial Middle School

Grade in 2018-19: _____

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:

Household 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:

Household 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:

Household 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:

Household 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 and c. 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