TRANSPORTATION NOTICE

DATE:______________

If your child/children will be taking the bus either to or from school it is important you complete this form with all the information you receive from your district.

Family Name: ________________

CHILD’s NAME: ____________________________ Grade: ___________

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

BUS # ____________

TOWN ______________________________________

DRIVER’S NAME ________________________________

Check the bus they will be using.

☐ Morning Bus
☐ Afternoons Bus

If for any reason your child will not be going on the bus on a particular day, a note should be sent to school with your child that morning. If there is a last minute change please call the office and let them know. Email is not a reliable way to communicate this information.

PARENT’S SIGNATURE ________________________________