



*Sts. John and Paul School  
280 Weaver Street  
Larchmont, NY 10538  
914 834 6332*

**TRANSPORTATION NOTICE**  
2016-2017 School Year

**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:** \_\_\_\_\_

<b>CHILD's NAME:</b>	<b>Grade:</b>
_____	_____
_____	_____
_____	_____
_____	_____

**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** \_\_\_\_\_