

TRANSPORTATION

DATE: _____

BUS: _____

GRADE: _____

Our bus routes are based on where your child will be picked up and dropped off. Please help us by giving us the following information to the best of your ability at this time. If there are changes over the summer, it is important to contact Laidlaw Transportation.

Student's Name: _____

Parent's Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Location of your house:

Road: _____

Color/Description: _____

Brief Description: _____

Please list two other people and their phone numbers that we may contact in case of an emergency.

1. _____

2. _____

List nearby neighbors (we may be familiar with their location):

Will your child be going to a sitter? YES NO If yes, please provide the following information:

Sitter's Name: _____

Days of the week this will occur: _____

Sitter's Phone Number: _____