

Date_____

Student Name_____ **Grade**_____

Grade _____

Grade _____

Grade _____

☐

Parent Name _____

Street

Zip Code

First Contact Phone#_____ **First Contact Name** _____

Second Contact Phone #_____ **Second Contact Name**_____

Were you on a bus route last year? Yes _____ No _____

Driver's Name_____ **Bus #**_____ **Distance From School**_____

Children should be picked-up and dropped off at home each day - Yes_____No_____

****PreK through 2nd grade will not be dropped off unless a parent/guardian is visible at home. If no one is visible and we are unable to contact you, the child will be brought back to school.****

If answer is no, please explain. Other Comments.
