

TRANSPORTATION FORM FORM MUST BE RETURNED ON THE FIRST DAY OF SCHOOL

You are strongly encouraged to use school bus transportation to and from school. Kindly complete this form and return to the main office. For children in the lower grades, be sure to tell the classroom teacher the same information.

Ple	ease list each child attending	Side by Side:	
Student's Name:		Grade:	
Student's Name:			
Student's Name:			
Parent Name:	Home Tel:	Cell:	
My children are driv	ven to school in the morning.		
My children are picl	ked up from school in the after	rnoon.	
For Kindergar	ten thru 8 th grade Norwalk st	udents that ride the bus	
My child (ren) rides l	Bus #		
The bus stop is atavailable.	and	Please list both streets, if	
Parent signature:	Date:		