

## TRANSPORTATION INFORMATION SHEET

Student's Name	So	chool
Transportation To School (Choose one of	the following options)	
	•	
☐ I will provide my child's transportation to		
$\square$ My child <u>will ride</u> the bus to school from o		
$\square$ My child will ride the bus to school from a	Secondary location:	
Address		<del></del>
Name of Sitter/Daycare		Phone Number
<u>Transportation Home From School</u> (Choo	se one of the following option	ns)
☐ I will provide my child's transportation ho	me from school	
☐ My child will ride the bus to our <b>Home</b> every day from school.		
☐ My child will ride the bus from school to a <b>Secondary location</b> :		
□ My child will fide the bus from school to a	Secondary location.	
Address		······
Name of Sitter/Daycare		Phone Number
AT	TENTION PARENTS:	
If you wish for your student to get off the bus at a	a location other than noted above	e it must be submitted in writing
and given to the school; students will not be permitted to ride a different bus without a bus pass from the school		
office.		1
Students and parents are expected to be at the bus stop 5 minutes prior to the pickup and drop off time.		
Students and parents are expected to be at the bus stop <u>5 minutes</u> prior to the pickup and drop on time.		
If your phone number changes, contact the bus garage at (859) 635-2161.		
Due to the timely nature of transportation services, drivers are unable to wait at any pickup or drop off location for		
an extended amount of time. All pickup and drop off locations must be within the school's boundary.		
r - r - r - r - r - r - r - r - r - r -		
	Parent/Guardian Signature	Date