

2018-2019 JR. - SR. HIGH SCHOOL TRANSPORTATION/BUS PLAN FOR:

Child(ren) Name(s) & Grade(s)

_____ My child(ren) will walk to & from school

AM Pick-Up: YES / NO (circle)

ADDRESS: _____

PM Drop-Off: YES / NO (circle)

ADDRESS: _____

Parent telephone number during school hours: _____

Special Instructions, if any: _____