

CHEBOYGAN AREA SCHOOLS
TRANSPORTATION INFORMATION FORM
PICK-UP AND DROP-OFF SITES
 RETURN THIS FORM TO YOUR CHILD'S SCHOOL AT LEAST 24 HOURS IN ADVANCE

Name of School _____ Date _____

Child's Name _____ Sex _____ Grade _____
 If kindergarten: A.M. P.M.
 (Circle One)

Parent's Name _____ Home Phone _____

Address _____ Work Phone _____
 Street Address NOT P.O. BOX NUMBER

HOME:

A. PICK-UPSITE M T W T F (CIRCLE)

A. DROP-OFFSITE M T W T F (CIRCLE)

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

DAY CARE:

B. PICK-UPSITE M T W T F (CIRCLE)

B. DROP-OFFSITE M T W T F (CIRCLE)

DAYS WILL VARY _____ (CHECK HERE)

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(If days will vary, parent will call Bus Garage (627-4422) each week with schedule)

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

ALTERNATE DAY CARE OR OTHER:

If it's for one day only, put date _____

If it will be occasionally, as requested, check here _____ (Parent will call Bus Garage (627-4422) when this occurs)

C. PICK-UPSITE M T W T F (CIRCLE)

C. DROP-OFFSITE M T W T F (CIRCLE)

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

FOR SCHOOL SECRETARIES:
 Yellow copy to Bus Garage

_____ PARENTS SIGNATURE