

District Bus Sign-UP for Elementary Schools

My child attends (please check one)

- | | |
|---|---|
| <input type="checkbox"/> C.P. Smith | <input type="checkbox"/> Champlain Elementary |
| <input type="checkbox"/> John J. Flynn | <input type="checkbox"/> Integrated Arts Academy at Wheeler |
| <input type="checkbox"/> Edmunds Elementary | <input type="checkbox"/> Sustainability Academy at Barnes |

Student Name:

Home Address:

Parent/Guardian:

Contact 1: _____ ___ father ___ mother ___ guardian ___ other _____

Primary Phone Number:

Signature: _____

Parent/Guardian:

Contact 2: _____ ___ father ___ mother ___ guardian ___ other _____

Primary Phone Number

Signature: _____

List of Adults who have permission to pick up:

Name: _____ phone number: _____

Name: _____ phone number: _____

Name: _____ phone number: _____

Name: _____ phone number: _____

Pick up site: _____ AM _____ PM

Days of the week

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Drop off site: _____ AM _____ PM

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

I give my permission for the student to be dropped off with no adult present: ___ yes ___ no

Date: _____ Signature of contact number 1 _____

Start date: _____

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DISTRICT USE ONLY: Zone CPS CES EES SA IAA CES

Notes:

Rev 08/29/2016