

Bus Route Information Sheet

Student Name:		
Grade:		
Parent(s):		
Address:		
Phone Number:		
Pick – Up:	Yes	No
Drop – Off:	Yes	No
(if applicable) Sitter Name:		
Address:		
Phone:		
Pick – Up:	Yes	No
Drop – Off:	Yes	No
A) If your residence is already on a bus route, list the bus number and/or driver name.		Bus # Driver Name
B) If this is your first child or first time for a family pick up, please list your exact location. Identify roads and house location.		