



# Bus Information 4 Year Old Kdg.



## STUDENT INFORMATION

\_\_\_\_\_  
Last Name First Name Male/Female

\_\_\_\_\_  
Last Name First Name Male/Female

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Telephone: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## PICK-UP LOCATION

Home \_\_\_\_\_  
House # Street Name Unit # Home Phone #

Daycare \_\_\_\_\_  
House # Street Name Unit # Daycare Phone #

Daycare Provider's Name \_\_\_\_\_

## DROP-OFF LOCATION

Home \_\_\_\_\_  
House # Street Name Unit # Home Phone #

Daycare \_\_\_\_\_  
House # Street Name Unit # Daycare Phone #

Daycare Provider's Name \_\_\_\_\_

### FOR OFFICE USE ONLY:

A.M.

P.M.