

## Bus Information Form

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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**School Information**

- West Salem Elementary    
  West Salem Middle    
  West Salem High  
 Coulee Christian    
  Christ St. John's

**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: \_\_\_\_\_