

McCARTHY TESZLER SCHOOL
School Bus Transportation Information

Date: _____

Division / Hall: _____

Name of Student: _____

Name of Parent(s)/ Guardian(s): _____

Street Address: _____

City, State & Zip Code: _____

Mailing Address (if different): _____

Phone Numbers:

(Home): _____

(Work) Father: _____ (Cell) Father: _____

(Work) Mother: _____ (Cell) Mother: _____

Car Seat _____ Wheelchair _____ Safety Vest _____

Emergency Contacts:

Name	Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please fill out this portion **ONLY** if your child is picked up or dropped off at another location rather than your home, for instance a Day Care Facility or a Caregiver's address, on a **REGULAR** basis.

Name of Facility/Caregiver: _____

Phone Number(s): _____

Address: _____

(Check One): Pick-Up Only: _____ Drop Off Only: _____ Pick-Up & Drop Off: _____

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Transportation information:

Bus # _____ Driver _____

Transportation will begin on: _____

Pick-Up time: _____ Drop-Off time: _____

Comments:

